



# School's Out

PROVIDED BY CAMP OCKANICKON

## CREDIT CARD CHARGE FORM

(Check spelling for accuracy)

Child's First Name

Child's Last Name

Name: 1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

Home Address: \_\_\_\_\_

School: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Purpose of Payment: \_\_\_\_\_

Payment Amount: \$ \_\_\_\_\_ Credit Card Type:  Amex  Discover  MC  Visa

Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Sec. Code # \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address (if different): \_\_\_\_\_

Date: \_\_\_\_\_ Taken By: \_\_\_\_\_

**Note:** If you would like us to **automatically bill** your payment to this credit card, please check and sign below. *Thank you!*

Please bill my **tuition** to this credit card **each month** for the duration of the school year.

Please use this credit card # for billing **extra services** as needed during the school year (i.e. drop-in charges, coupons, late pick-up)

Cardholder's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Your credit card will be billed on the 25<sup>th</sup> day of each month. If the 25<sup>th</sup> is a weekend day, you will be charged the next business day.

\*\*\*December's Payment will be charged on November 22<sup>nd</sup> due to the Thanksgiving Holiday\*\*\*  
\*\*\*January's Payment will be charged on December 22<sup>nd</sup> due to the Christmas Holiday\*\*\*

Monthly statements will not be mailed. If you would like a statement each month, please call the Camp's Main Office.