



Debit Card Authorization Form

Name on the Card: _____

Type of Card: Visa MC AmEx Discover

Other _____

Childs Name -----

Debit/Credit
Number _____

Expiration Date _____

Security Code _____

Billing Address _____

City, State, Zip _____

Phone Number _____

Order/Invoice Number _____

Item(s) Purchased _____

Amount to be Charged _____

By signing this form, you authorize _____

To charge your card for the amount listed above on a weekly basis.

Signed ----- Date-----

Signed: _____

Date: _____