



Roxbury Community School  
25 Meeker Street, Succasunna, NJ 07876  
Office Phone: 973-584-7699 Email: comschool@roxbury.org

### Credit Card Authorization Form – FOR RECURRING BILLING

Sign and complete this form to authorize Roxbury Community School to make recurring electronic payments to your debit/credit card below.

By signing this form you give us permission charge your account electronically for the amount indicated on or after the indicated date. This is permission is for recurring transactions, and does not provide authorization for any additional unrelated debits or credits to your account.

**Please complete all the information below:**

First and Last Name (as it appears on the card): \_\_\_\_\_

Billing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address (for confirmations): \_\_\_\_\_

I \_\_\_\_\_ authorize Roxbury Community School to charge my credit card  
(full name)

for the Roxbury Community School Preschool program in the amount of \$ \_\_\_\_\_ on the  
(monthly amount)

\_\_\_\_\_ day of each month.  
(day of the month you want charged. Ex. The 15<sup>th</sup> of each month)

<b>Account Type:</b> <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover
Cardholder Name (as it appears on card): _____
Credit Card Number: _____
Expiration Date: _____ (mm/yy)
CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX): _____

**SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.