

## FAMILY EDUCATION & SUPPORT SERVICES

I, \_\_\_\_\_, authorize family Education & Support Services to charge the following account for any outstanding balance due to Family Education & Support Services.

Credit Card Type Visa \_\_\_\_\_ MC \_\_\_\_\_

Card Number \_\_\_\_\_

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

Expiration Date \_\_\_\_\_ CVV Code \_\_\_\_\_

Street Address \_\_\_\_\_

Zip Code \_\_\_\_\_

Email address (for receipt of transactions) \_\_\_\_\_

\_\_\_\_\_  
Responsible Party Signature

\_\_\_\_\_  
Date