



Union Academy Charter School
Dr. Ann Walters, Headmaster

Recurring Payment Authorization Form

Parent/Guardian Name: _____
Phone Number: _____
Email: _____

Card Type (check one): Visa MasterCard AMEX Discover
Card Number: (last 4 digits **only**) _____
For security reasons, you must contact Amy McSheehan in the Business Office with the full card number, expiration date and security code.
Cardholder Name (print): _____
Address: _____
City: _____ State: _____ Zip: _____
Phone #: _____ Email: _____

Payment Information: *(Failure to complete Payment Information section will delay processing.)*
I authorize Union Academy to automatically bill the card listed above as specified.
Description: (Ex: Activity Fees, Shuttle, Overnight Field Trips) _____

Recurring Amount _____
Frequency (check one): Weekly Every 2 Weeks Monthly
Start on _____/_____/_____ End on _____/_____/_____
Month Day Year Month Day Year

By signing this form you give Union Academy permission to bill your card for the amount indicated on or after the indicated date. This is permission for a recurring transaction only, and does not provide authorization for any additional unrelated debits to your card. You are responsible for having sufficient funds available and notifying Union Academy of any changes to your card information at least 30 days before the draft date.

Signature _____ Date _____