



Name of Student: _____

Password: _____ Grade _____

Application Date: _____

Start Date: _____ Teacher: _____

CHILD'S FILE CHECKLIST

_____ Child Enrollment Information

_____ Enrollment Contract

_____ Financial Contract

_____ Discipline Policy

_____ Medical Emergency Release Form _____ No medical Insurance Form

_____ Physical Activity Statement

_____ Permission for Food-Related Activities

_____ Parent Do You Know

_____ Parent Questionnaire

_____ Confidential Reference

_____ Scholarship (if applicable)

_____ School Records from Previous School

_____ IEP (if applicable)

_____ Report Card/ Transcript

_____ Proof of Health Insurance _____ Birth Certificate

_____ Immunization Record #680

_____ Religion Exemption Notification to Parents

_____ Statement of Good Health #3040 (*Statement is good for 2 years*)

_____ Enrollment Fee _____ Aftercare _____ Transportation

School Year 20__ - 20__

Phyl's Academy Preparatory School

7205 Royal Palm Blvd, Margate, FL. 33063

Phone: 954-731-7524 Fax: 954-777-9960

APPLICATION FOR ADMISSION

Student's Name: _____ Sex: Male () Female ()
(Last) (First)

Date of Birth: ____/____/____ Age: ____ Years ____ Months Grade ____
(MM) (DD) (YYYY)

Address: _____ Apt #: _____

City: _____ State: ____ Zip Code: _____ Home Phone: _____

SS# ____ - ____ - ____ Ethnicity ____ (Non- Hispanic or Non- Latino) ____ (Hispanic or Latino)

Race _____

Registering Parent Information

Name: _____ SS#: _____ (Mandatory)

Relationship to student: _____ Driver License # _____

Street: _____ Apt #: _____ City _____ State ____ Zip ____

Email Address: _____

Employer: _____ Occupation: _____

Cell Phone _____ Work Phone: _____ Ext: _____

Non-registering Parent Information (parent will also be able to make changes to account)

Name: _____ SS#: _____ (Mandatory)

Relationship to student: _____ Driver License # _____

Address (if different from student's)

Street: _____ Apt #: _____ City _____ State ____ Zip ____

Email Address: _____

Employer: _____ Occupation: _____

Cell Phone _____ Work Phone: _____ Ext: _____

Student Lives with: One Parent _____ Both Parents _____ Legal Gaudian _____ Other _____

Please send all school mailings/information to: Mother () Father () Both Parents ()

Dismissal Procedure: Car () Onsite Aftercare () Bus () Other: _____

Please fill in the Name and Address of the school your child is currently attending:

Name of School: _____

Address: _____ City _____ State _____ Zip _____

EMERGENCY CONTACTS / ALTERNATE PICK-UP PERSONS

Only the registering parent can make changes to the account. If the name of the non-registering parent is added to the application, they can authorize pick up for their child from school. No parent shall delete or in any way alter the names provided by the other parent for authorized pick-ups.

Registering Parent Authorized Release/ Contact List

Name	Relationship	Phone

To the best of my knowledge the information is correct and complete. In the event of a change of address of, phone number, name, etc., I will notify the school immediately.

Registering Parent Signature: _____ Date _____

Non -Registering Parent Authorized Release/ Contact List

Name	Relationship	Phone

To the best of my knowledge the information is correct and complete. In the event of a change of address of, phone number, name, etc., I will notify the school immediately.

Non-registering Parent Signature: _____ Date _____

Health/ Allergy Information

Does your child have any health/physical/emotional/learning problems for which he/she has been diagnosed and/or is being treated for, and of which the school should be aware? YES () NO ()

If yes, please specify _____

Is your child allergic to any foods/juices? YES () NO ()

If yes, please specify: _____

If you child was born premature please state the number of weeks (if not premature put 0) _____

Student File Access

I hereby grant permission for the staff of this facility to have access to my child's records.

Parent Signature _____ Date _____

Non- Discriminatory Policy

I understand that Phyl's Academy does not deny admission based on race, color, creed, religion, sex or any other legally protected status.

Hold Harmless

I agree that I will not hold the school or its Faculty or any other staff member responsible in case of any accidental injuries that might occur in any play and/or any school related activities in which the child might be engaged.

Media Release

Please be advised that during the school year we participate in various activities in which students may be photographed. As a parent of a student in Phyl's Academy, I understand that my child may be photographed, videotaped and/or interviewed by the school and or news media, for informational and/or promotional purposes. This may include yearbook, website, social media and school newsletter.

Please check an option below:

_____ I authorize my child's photograph/video/interview to be reproduced and released for use in the media.

_____ I **DO NOT** authorize my child's photograph/video/interview to be reproduced and released for use in the media.

Immunizations Records

I understand that children enrolled in Phyl's Academy may/or may not have current immunizations and may have a Religion Exemption Form. If the parent or legal guardian fails to provide the immunization documentation required within 30 days of enrollment, the facility will not allow the child to remain in the program.

I HAVE READ THE ABOVE AND AGREE TO ABIDE BY THESE REGULATIONS.

Parent Signature : _____ Administration Signature _____

Phyl's Academy Preparatory School

Enrollment Contract

20__ - 20__ ACADEMIC YEAR

Date: __ / __ / 20__

PLEASE READ CAREFULLY BEFORE SIGNING

We hereby request that our child be enrolled at Phyl's Academy Preparatory School for the current academic year. It is understood that our child will be enrolled for the entire academic year and that Phyl's Academy has obligated itself in regard to the number of faculty, size of facility, amount of supplies and equipment, and the nature of its program is reliant upon such enrollment.

No refund or reduction of any charges will be made due to withdrawal, absence, or illness. The fact that the school allows tuition to be paid in one, ten or eleven installments does not create a fractional contract or in any way relieves the parent of the responsibility for the entire year's tuition and fees. Phyl's Academy reserves the right to disenroll any student due to disciplinary issues or absences totaling two or more weeks per school year and withhold transcripts and all academic records until the tuition and fees have been paid in full. Once you have chosen your learning platform, any changes made to your contract will be subject to availability.

****ALL FEES PAID WITH THIS APPLICATION ARE NON-REFUNDABLE/NON-TRANSFERABLE****

Child's Name	Entering Grade	Administrator's Signature
Step-Up Award Number		Start date

REGISTRATION & TUITION FEES

Registration Fee:	\$ _____	Tuition:	\$ _____
Books & Materials:	\$ _____	Other:	\$ _____
Technology/Resource Fee:	\$ _____	(Scholarship):	\$ _____
PTO Fees (per family):	\$ _____		
Grad:	\$ _____	(Discount):	\$ _____
		Bus Fee:	\$ _____
Discounts:	\$ _____		
TOTAL ENROLLMENT:	\$ _____	Parent Responsibility	\$ _____
Total Enrollment Paid:	\$ _____	Total Tuition Paid	\$ _____

TUITION PAYMENT OPTIONS (Please Select One)

- 1. Tuition paid in full with a 5% discount on the entire amount by August 1, K-12th grade only.
Scholarship recipients do not qualify for this discount.
- 2. The balance of tuition will be paid in equal installments over a 10-month period. The automatic draft form is available on the school website at www.phylsprep.com.

Monthly Tuition Amount _____	Parent Initial _____
------------------------------	----------------------

All NSF payments are subject to a \$30 service charge. If monthly payments are 15 days past due, we must ask you to withdraw your student. If you withdraw your student, you are financially responsible for the entire contracted account.

NO Refunds Will Be Issued and all fees are non-transferable.

A LATE FEE OF \$40 WILL BE APPLIED TO ALL ACCOUNTS AFTER THE 5TH

10% Multiple child discount

**** Please indicate name and grade of other child/children enrolled at Phyl's Academy****

Siblings' Names: _____ Grades: _____

I, the parent/guardian of the above child/children know the rules and regulations of the school and am in full agreement with the policies and standards and will have a proper spirit and attitude in supporting the school and its activities.

I have read the financial requirements and agree to abide by all the above.

Parent/Guardian Signature: _____ Date: __ / __ / 20__

Notes:

PHYL'S ACADEMY PREPARATORY SCHOOL

FINANCIAL AGREEMENT/TUITION AND FEES 2025-26 ELEMENTARY, MIDDLE & HIGH SCHOOL

SCHOLARSHIP ASSISTANCE

We currently accept Step-Up & AAA Scholarships which covers a percentage of your tuition.
5% discount on annual tuition paid in full - Payment due by August 1st. (Scholarship students not eligible)

<i>Grades</i>	<i>KGN</i>	<i>Elementary Grades 1-5</i>	<i>Middle School Grades 6-8</i>	<i>High School Grades 9-12</i>
Registration Fee	\$300.00	\$300.00	\$300.00	\$300.00
Books/Materials/Assessments	\$250.00	\$350.00	\$400.00	\$450.00
Technology Fee	\$165.00	\$165.00	\$165.00	\$165.00
Graduation	\$75.00	\$75.00	\$75.00	\$75.00
PTO Fees (Per Family)	\$30.00	\$30.00	\$30.00	\$30.00
Total Enrollment	\$820.00	\$845.00	\$895.00	\$945.00
Total Graduating Class	\$820.00	\$920.00	\$970.00	\$1020.00
Entrance Test				\$75.00
Activity Fee (If child participates in sports)				\$125.00
ESE/FES-UA Scholarship Mandatory Additional Services				\$3000.00/ Yr
Bus: Both ways for the entire School Year				\$1000.00/Yr

<i>Check selected Grade</i>	<i>Grade Level</i>	<i>Annual Tuition Online & Campus</i>	<i>10 Month Payment Plan</i>
	<i>KGN</i>	\$9,600.00	\$960.00 (August 1 st – May 1 st)
	<i>1-5th Grade</i>	\$10,400.00	\$1,040.00 (August 1 st – May 1 st)
	<i>Grades 6-8</i>	\$10,750.00	\$1,075.00 (August 1 st – May 1 st)
	<i>Grades 9-12</i>	\$12,250.00	\$1,225.00 (August 1 st – May 1 st)

•NO CASH OR CHECKS ACCEPTED

- Monthly payments are due on the 1st of each month, a late fee of \$40 will be applied to all accounts paid after the 5th.
- There is a \$35 returned ACH service charge and \$10 returned credit card fee.
- If monthly payments are 15 days past due, we must ask you to withdraw your student, and you will still be financially responsible for the entire contracted amount.
- All field trips deposits and payments are non-refundable.

I hereby acknowledge that ALL fees paid for tuition which includes registration, books/materials, technology fees, deposits and application fees are NON-TRANSFERABLE and NON-REFUNDABLE.

Student Name _____ Academic Year 20____ - 20____

Parent Signature _____ Date _____

PHYL'S ACADEMY PREPARATORY SCHOOL

Disciplinary/Suspension/Expulsion Policy

Please read the following carefully

Preschool children (3 and over) that bite another child will be suspended and must be picked up immediately. She/he will remain out of school until the following day. In the event that a child's behavior warrants some form of correction, the child will be spoken to by the teacher and time out will be instituted. If this is not effective the child will be brought to the office for counseling.

Students in Elementary, Middle & High school must adhere to the rules listed in the Parent/Student handbook. The list explains the consequences based on a point system.

In the case of a child who continuously exhibits poor behavior, and/or inflicts bodily harm on another child, the parents will be notified and brought in to discuss the situation. A record of the meeting will be kept. If a child's parents must be repeatedly notified or brought in for meetings, the child will be dismissed from our program.

Please keep in mind that we will take the time to discuss a child's behavior with his/her teachers and parents, and make all efforts to correct the problem before resorting to a mandatory dismissal.

Parent/Guardians' verbal or physical abuse of teachers or other staff members especially on the grounds will not be allowed. This will result in termination of services.

This administration reserves the unquestionable right to suspend or expel from school any student whose behavior is excessively aggressive. This administration reserves the unquestionable right to suspend from class or expel from school any student whose parent's account is delinquent. An account is considered delinquent if payment is not made by the due date.

I _____ HAVE READ THE ABOVE AND AGREE TO ABIDE BY THESE REGULATIONS.

Student Name _____ Parent Signature: _____

PHYL'S ACADEMY PREPARATORY SCHOOL
CODE OF CONDUCT

Please read the following carefully

The primary objective of requiring appropriate student behavior and self-discipline is to produce a positive and safe learning atmosphere in which there will be no interruption of the teaching-learning environment. All students will assume personal responsibility for their behavior and actions, develop appropriate self-control, exhibit self-discipline, and accept the responsibility and consequences of any inappropriate behavior. To accomplish this objective requires a cooperative effort from students, staff, and parents.

All students shall...

1. Respect the educational process through the display of appropriate language, attitude, and physical behavior.
2. Respect and honor the rights of other students to learn in an environment free of intimidation or harassment.
3. Maintain satisfactory attendance.
4. Report to classes on time.
5. Comply with the dress code.

Consequences for noncompliance with the above expectations shall include, but not be limited to, the list below. The severity or the repetitive nature of a student's behavior will be given consideration when determining appropriate consequences.

- Community or school service
- Detention
- Denial of participation in school activities
- Denial of privileges
- Intervention by professional school staff
- Parent contact or conference
- Referral to an administrative panel
- Referral to appropriate law enforcement or other governmental agency
- School probation
- Warnings
- Expulsion

I _____ **HAVE READ THE ABOVE AND AGREE TO ABIDE BY THESE REGULATIONS.**

Student Name _____ **Parent Signature** _____



PHYL'S ACADEMY MEDICAL EMERGENCY FORM

In the event that my child _____ becomes ill or injured while at school or during school sponsored activities, I give my consent for the school authorities to take the following steps.

1. Contact emergency services (911) to secure medical assistance.
2. Contact the child's physician and follow his / her instructions.
3. Contact me as the child's parent and inform me of the situation.

In the event I cannot be reached I empower, authorize and appoint the Principal or his /her designee to furnish on my behalf written and or oral authorization to secure the medical services as soon as needed to assist my child.

I further release the principal, designee and school from liability which might arise from giving such authorization.

Child's primary source of health care is:

Physician/Clinic Name: _____

Phone Number: _____

Please list any medications that the student is currently taking: _____

Classroom Teacher: _____ Grade _____

School Year: _____

Mother's Signature _____ Date _____

Father's signature: _____ Date _____

Administration signature _____ Date _____

Phyl's Academy Preparatory School

7205 Royal Palm Blvd, Margate, Fl. 33063

No Medical Insurance Form

Date: _____

TO WHOM IT MAY CONCERN

I, _____ certify that my child

(Parent's Name)

_____, is not covered under any form of

(Child's Name)

medical insurance. If in the future I obtain medical coverage, I will submit all pertinent information to Phyl's Academy. In the interim, I will be responsible for any and all medical bills associated with care of my child.

Parent's Signature

Parent's Signature

Always a Step Ahead!

PHYL'S ACADEMY PHYSICAL ACTIVITY PARTICIPATION FORM

I _____ understand and acknowledge that my child _____ attends Phyl's Academy Preparatory School and will participate in indoor/outdoor and physical activities daily when weather and air quality conditions do not pose a significant health risk. Time planned for indoor/outdoor play and physical activities depends on the age group and weather conditions. Activities shall include structured play (led by the adult caregiver) and free play (supervised by an adult).

- **Toddlers (12 months to 3 years old)** shall participate in 60 to 90 minutes per day of moderate to vigorous physical activity.
- **Preschoolers (3 to 6 years old)** shall participate in 90 to 120 minutes per day of moderate to vigorous physical activity.
- **Children shall be dressed appropriately for the weather**, including wearing appropriate seasonal clothing and footwear, so they can participate fully, move freely, and play safely.
- **Child care providers will inform parents, caregivers, and families** that children need to be dressed appropriately for the current weather conditions to play outdoors.

Children should wear clothing appropriate for the current weather:

- **Snow:** heavy coat, waterproof boots, hat, and mittens.
- **Rain:** raincoat and waterproof boots.
- **Different temperatures during the day:** layers of clothing.

Footwear should provide support for running and climbing. Examples of **appropriate** footwear include sneakers, gym shoes, and other shoes with rubber soles that enclose the feet and will not come off easily. **Examples of inappropriate clothing and footwear include:**

- **Footwear that can come off while running** or that does not provide support for climbing (examples: flip-flops and clogs).
- **Clothing that can catch on playground equipment** (examples: clothes with drawstrings or loops).
- **Clothing that does not protect children** from the current weather conditions.

Mother's Signature _____ Date _____

Father's Signature _____ Date _____

Classroom Teacher _____ School Year _____ Grade _____

Administration Signature _____ Date _____

Permission for Food-related Activities & Special Occasion food consumption

Pursuant to 65C-22.005 (1)(c), F.A.C., licensed child care facilities must obtain written permission from parents/guardians regarding a child's participation in food related activities.

These activities include such things as: classroom cooking projects, gardening, school wide celebrations, and birthdays.

I, _____ **give / decline** permission for my child _____
(Parent or Guardian) (circle one) (Child's Name)

to participate in food related activities and special occasions wherein food is consumed.

Please provide the following information:

_____ My child **DOES NOT** have a food allergy or dietary restriction. He or she may participate in activities.

_____ My child **DOES** have a food allergy or dietary restriction. He or she may participate in activities, but may not eat or handle the following items (please list below):

_____ My child **DOES** have a food allergy or dietary restriction. He or she may not participate in activities.

I understand that it is my responsibility to update this form in the event that my decision for permission changes. I agree that this form will remain in effect during the term of my child's enrollment.

(Parent or Guardian)

(Date)

PHYL'S ACADEMY PREPARATORY SCHOOL

The success of our students and indeed our school is dependent on creating a safe and secure environment where behavior of all is conducive to successful learning.

Parent Do You Know:

Please Initial as Read

1. Classes begin 8:30 a.m. and ends at 3:00p.m, students must be on time. Aftercare is from 3:30 pm- 6:00pm. Any child not picked up from school by 3:30pm will be billed for daily aftercare. Students not picked up from aftercare by 6:00 pm will be subject to late fees in the amount of \$1.00 per minute. _____
2. Designated parking for guest & parents is in the parking lot at the front of the building. Parking at the curbs and in the driveway is prohibited. Student drop-off and pick-up is at the West Gate for Elementary, Middle & High. Parents must wait in their cars during pick-up and not at the gate or door entrances. _____
3. Students must be in full uniform Monday – Friday. On Fridays, students can wear their blue Phyl's Academy T-shirt with jeans. If not in dress code, parents will be called to bring the correct uniform. _____
4. A #5 authorization form must be done for administrative staff to administer prescribed medicine. All medications must be in an original prescription bottle with the child's name, name of medication, amount to be given, and the time to be taken. We do not administer over the counter drugs. Do not give your child any medicine in their book bag. _____
5. Children must not wear jewelry to school, boys and girls with pierced ears may wear posts or small ear knobs. If a child is required to wear a chain, it must be fully covered under their fully buttoned uniform top. On no account must heavy chains be worn over their shirts. Students who come to school with this type of jewelry will be asked to take it off. _____
6. Boys must always wear belts with properly fitting trousers. Trousers must be worn at waist level. Nail polish, hair beads and brightly colored hair are not part of the school uniform and should not be worn. Hair by boys and girls should be well-groomed. _____
7. No toys, electronic games, and cell phones, must be brought to school. If any of these items are seen or heard it will be confiscated. Management reserves the right to randomly check bookbags, lunch boxes, and pockets. _____
8. It is the parent's responsibility to ensure that they provide children with a nutritious snack & lunch, when not purchasing lunch from the school. _____
9. Our school participates in various fundraisers to help us improve our facility. Parents who want to volunteer must fill out a volunteer form and be fingerprinted. Once approved parents are welcome to sign up for various volunteering opportunities. We encourage active participation in fundraising activities during your child's school years. _____
10. Homework is a necessary part of our academic program, please ensure that homework given is always done. _____
11. Remind your children that they must always observe the school rules. Detention policy will be enforced to those students who break school rules. Please note that consequences are given to children after an investigation. _____
12. Parent Teacher Conferences should be scheduled between the hours of 3:00-3:30pm. _____
13. You, as a parent/guardian, must uphold the rules and regulations of this facility, be aware of the philosophies and moral values of the school, and do not object to your child following them. You should conduct yourselves in a respectful manner and dress appropriately whenever on the school premises. _____
14. Each child's education is the shared responsibility of the school, the parent, and the student. I will support the school on all matters of policy and procedures. This includes disciplinary measures and code. _____
15. Parents/guardians verbal or physical abuse of any staff or students especially on the grounds, will not be allowed. This will result in termination of services. _____
16. All parents must adhere to the enrollment contract and monthly obligations _____

Child's Name _____

Parent's Signature: _____

PARENT QUESTIONNAIRE

Student Name: _____ *Birth Date:* ____/____/____

Today's Date: _____

The purpose of securing this information is to help us better understand your child and to help you know what to expect from our program. Your child's care during the day is a responsibility that we share.

How did you hear about our school? _____

Has the child had previous placement at this school? YES NO

Name of previous school: _____

Reason for requesting placement: _____

May we request records from his/her previous school? _____ Date placement is desired: ____/____/20__

Name of the person responsible for payment: _____

Has he/she had experience playing with other children? YES NO

How does your child interact with other children? _____

Is he/she: Friendly _____ Aggressive _____ Shy _____ Withdrawn _____

How does he/she get along with sibling(s)? _____ Other adults? _____

Is he/she known by any other children in this facility? _____

How does your child deal with change? _____

What age-group does your child prefer to play with? _____

Does your child enjoy or prefer being alone? _____

Does your child demand a lot of attention? _____

How does your child relate to strangers? _____

What makes him/her upset? _____

How does your child express his/her feelings? _____

Does your child have any special bathroom needs? YES NO

If yes, please describe: _____

Does your child eat his/her meals willingly? YES NO

Will he/she need help to be fed? YES NO

What frightens your child? _____

What is your child's favorite toy/activity at home? _____

List other favorite activities: _____

What method of discipline do you use _____

Who does most of the discipline? _____

Phyl's Academy Preparatory School

Confidential Reference Questionnaire

Name of Current School: _____

To: Former Principal, Dean, Counselor, Teacher, or Clergyman

Name of Applicant: _____

Grade: _____

We would appreciate your observations regarding this applicant who is seeking admission to Phyl's Academy. Thank you for your cooperation.

1. Industry

- Seldom works, even under pressure
- Needs constant pressure
- Needs occasional prodding
- Prepares assigned work regularly
- Seeks additional work

2. Initiative

- Merely conforms
- Seldom initiates
- Frequently initiates
- Consistently self-reliant
- Actively creative

3. Respect For Authority

- Unmanageable
- Occasionally rebellious
- Conforms under pressure
- Reacts agreeably
- Natural, normal

4. Integrity

- Not dependable
- Questionable at times
- Generally honest
- Reliable, dependable
- Consistently trustworthy

5. Leadership Ability

- Follower only
- Severely lacking
- Occasional
- Good organizer
- Born leader

6. Judgment

- Foolish decisions
- Needs much counseling
- Usually cautious
- Exercises common sense
- Carefully evaluates

7. Outward Testimony

- Language abuse
- Very inconsistent
- Generally good
- Positive influence
- Exemplary

8. Concern For Others

- Indifferent
- Self-centered
- Somewhat socially concerned
- Generally concerned
- Deeply and actively concerned

9. Stability

- Easily depressed, irritated or elated
- Unresponsive
- Usually well-balanced
- Well-balanced
- Exceptionally stable

10. Disposition

- Completely negative
- Moody
- Usually optimistic
- Cheerful
- Exuberant

11. Physical Vitality

- Experiences difficulties with physical activities
- Average strength
- Robust
- Exceptional strength and endurance

12. Personal Appearance

- Very careless
- Untidy at times
- Generally neat
- Always neat and clean
- Immaculate

- | | | |
|--|------------------------------|-----------------------------|
| 13. Completes class work and hands it in on time. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. Brings proper books and supplies to class | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 15. Parents are cooperative | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 16. Parents met their financial obligations on time | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 17. Child is properly prepared by parent to participate in school and school activities | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Date: ____ / ____ / ____

Signature: _____

Phone #: (____) ____-____

Title: _____

Current School Address: _____

Please return this form to: Phyl's Academy Preparatory School
7205 Royal Palm Blvd.
Margate, FL 33063
FAX: 754-205-5502



Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT** and **CREDIT CARD**

I (we) hereby authorize (business name) _____ to initiate credit card charges to the below-referenced credit card account (**Section A**) OR, initiate debit entries to my (our) checking or savings account, indicated below (**Section B**). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Cardholder Name	Phone #
Cardholder Address	City State Zip
Account Number	Expiration Date
Cardholder Signature	Date

SECTION B (Bank Account)

Your Name	Phone #			
Address	City State Zip			
Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Authorized Signature	Date			

For Official Use Only

Date Received
Employee Signature

