



## A SCHOOL RIDE LLC

### RECURRING CREDIT CARD PAYMENT AUTHORIZATION FORM

Sign and complete this form to authorize A School Ride LLC to make recurring debits to your credit/debit card listed below.

By signing this form, you give A School Ride LLC permission to debit your credit/debit card account for the amount due **on the 12<sup>th</sup> day of each month, from August through April or May** (9 or 10 installments depending on whether there is a deposit on file).

<b>Credit/Debit Card Type:</b>	
<b>Cardholder Name:</b>	
<b>Credit Card Number:</b>	
<b>Expiration Date (MM/YY)</b>	
<b>CVV2 (3 digit number on back of Visa/MC or 4 digit number on front of American Express):</b>	
<b>Billing Address:</b>	
<b>Student Name #1:</b>	
<b>Student Name #2:</b>	
<b>Student Name #3:</b>	
<b>e-mail address for receipts:</b>	
<b>Telephone Number:</b>	

**SIGNATURE** \_\_\_\_\_

**Date** \_\_\_\_\_

I authorize the above name business to charge my credit/debit card indicated in this authorization form according to the terms outlined above. I certify that I am the authorized user of this credit/debit card and that I will not dispute the payment with my credit/debit card company, so long as the transaction corresponds to the terms indicated in this form.

Please fill out this form completely, sign, and either e-mail to [geckman@aschoolride.com](mailto:geckman@aschoolride.com), or fax to (480) 699-1368.