American Heritage Summer Day Camp

12200 West Broward Blvd
Plantation, FL 33325
954-472-0022 ext 3043 Fax: 954-370-6069

William R. Laurie, M.Ed.
President

Nancy Bowen
Executive Camp Director

AUTOMATIC CARD BILLING AUTHORIZATION FORM

If you would like to enjoy the convenience of automatic billing to your credit card, simply fill out all the information below. Upon receipt and approval, we will bill your primary credit card (or the alternate card if the first one is declined for some reason) for amounts due. A confirmation receipt and statement will be mailed, total charges will appear on your credit card statement. **You may cancel this automatic billing authorization at any time in writing.**

_____ Camper(s) name

_____ Parent(s) name

_____ Home phone –including area code

_____ Work / Cell phone –including area code

PRIMARY CREDIT CARD ACCOUNT

ALTERNATE CREDIT CARD ACCOUNT (OPTIONAL)

_____ Name on credit card (exactly as printed)

_____ Name on alternate credit card(exactly as printed)

_____ Billing address for credit card (Street, Apt.#)

_____ Billing address for credit card (Street, Apt.#)

_____ City, State, Zip

_____ City, State, Zip

_____ Credit card number with **EXPIRATION DATE**

_____ Alternate card number – including **expiration**

_____ Signature Today's date

_____ Signature Today's date

I authorize **American Learning Systems, Inc. dba American Heritage Summer Day Camp**, to automatically bill one (1) of the above listed credit cards as specified below:

- **One Time Total charges due** in the amount of $_____
- **Payment(s)** as follows: DEPOSIT ($100 per camper/per session) $_____

  BALANCE $_____ to be paid on _____

- **THIS AUTHORIZATION IS VALID UNTIL THIS DATE _____**

VISA / MASTERCARD / AMERICAN EXPRESS