

# Towne Transport

Post Office Box 3247 Annapolis, Maryland 21403

## St. Vincent Pallotti High School

### CREDIT CARD AUTHORIZATION FORM

Date: \_\_\_\_\_

Mothers Name: \_\_\_\_\_

Fathers Name: \_\_\_\_\_

Child(ren) utilizing bus service (name):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I authorize Towne Transport on \_\_\_\_\_ (Date) to bill my: VISA \_\_\_\_\_ MC \_\_\_\_\_

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

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

For 2019/20 school bus transportation service in the amount of \$ \_\_\_\_\_ per month per family, according to the 2019/20 Service Agreement payment terms.

\_\_\_\_\_ I authorize the \$300.00 initial payment and ten (10) monthly payments only as stated in the 2019/20 Parent/Contractor Service Agreement.

Cardholder Sign: \_\_\_\_\_ Print: \_\_\_\_\_

Name on Credit Card (Please print): \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_

Cardholder billing address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number: (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

Thank you