

**TAPESTRY CHARTER SCHOOL
2018-2019
STUDENT FOOD SERVICE PAYMENT FORM**

Student(s) Name(s): _____ Amount \$ _____ Grade: _____
 _____ Amount \$ _____ Grade: _____
 _____ Amount \$ _____ Grade: _____

TOTAL AMOUNT ENCLOSED IS:

_____ PERSONAL **CHECK** IN THE AMOUNT OF \$ _____ (PAYABLE TO "TAPESTRY CHARTER SCHOOL") IS ATTACHED TO DEPOSIT INTO THE ACCOUNT(S) OF THE STUDENT(S) REFERENCED ABOVE.

_____ **CASH** IN THE AMOUNT OF \$ _____ IS ATTACHED TO DEPOSIT INTO THE ACCOUNT(S) OF THE STUDENT(S) REFERENCED ABOVE.

_____ PLEASE CHARGE MY **CREDIT CARD** IN THE AMOUNT OF \$ _____ TO BE DEPOSITED INTO THE ACCOUNT(S) OF THE STUDENT(S) REFERENCED ABOVE. *(Please complete information below)* PLEASE NOTE THAT IT WILL TAKE 5-7 BUSINESS DAYS TO PROCESS PAYMENT AND APPLY TO YOUR STUDENT(S) FOOD SERVICE ACCOUNT.*



Credit Card Number: _____
 Expiration Date: _____ / _____
 Name on Card: _____
 CCV Number: _____

Billing Address: _____
 Billing City: _____
 Billing State: _____
 Billing Zip Code: _____

FOR OFFICE USE ONLY:	
Date Received:	Check No.
Deposit was Entered into PowerSchool:	Entered by:
*Credit Card Purchases: Please send original of this form to business office for processing. Thank you.	
Phone Credit Card Payment? (please check box)	
Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of staffer accepting information: _____ Date: _____
Credit Card Process Completed by:	Date: