

TAPESTRY CHARTER SCHOOL 2023-2024 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: _____

Billing Address: _____

Expiration Date: _____ (month) _____ (year)

Billing City: _____

Name on Card: _____

Billing State: _____

CCV Number: _____

Billing Zip Code: _____

Signature: _____

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| FOR OFFICE USE ONLY: | |
| Date Received: | Check No. |
| Deposit was Entered into PowerSchool: | Entered by: |
| *Credit Card Purchases: Allow up to 72 hours 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: |