



TAPESTRY CHARTER SCHOOL – Payment Form

The payment is from _____ . Payment type: CASH CHECK CREDIT CARD
(name of parent/guardian)

- Tapestry Merchandise Purchase** – item: _____ Amount \$ _____
Student Name: _____ Gr: _____
- Food Service Payment** – Student Name: _____ Gr: _____ Amount \$ _____
- Field Work** – Student Name/event: _____ Gr: _____ Amount \$ _____
- Other:** _____ Amount \$ _____

Please complete the form to authorize a **one-time charge** to your credit card account.



Credit Card Number: _____ Billing Address: _____
 Expiration Date: _____ / _____ Billing City: _____
 CCV Number: _____ Billing State: _____
 Name on Card: _____ Billing Zip Code: _____
 Email: _____ Phone Number: _____

Signature: _____ Date: _____

I authorize Tapestry charter School to make a one-time charge to the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; as long as the transaction corresponds to the terms indicated on this form.

FOR OFFICE USE ONLY:		
Date Received:		
Deposit was Entered into PowerSchool (if applicable):	Entered by:	
<i>*Please send original of this form to business office for processing. Thank you.</i>		
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:	Declined? <input type="checkbox"/>	Date: