

interoffice  
MEMORANDUM



**To:** Parents/Guardians of Beachwood Schools' Before & After Care Program Children

**From:** Bobbie Lindenbaum, Coordinator

**Subject:** VISA/Mastercard Payments - 2008/2009 School Year

**Date:** August 1, 2008

For those who wish to have a VISA or Mastercard billed for the program during the 2008/2009 school year, without coming in for a signature, please complete the following waiver.

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I hereby authorize Beachwood City Schools to make payment from my VISA/Mastercard account on my child's/children's before and after care program agreed monthly contractual account for the 2008/2009 school year as follows (please print):

Child's Name \_\_\_\_\_ Monthly Amount \$ \_\_\_\_\_

Cardholder's Name \_\_\_\_\_ \*\* (Amount Due 1<sup>st</sup> of each Month) \*\*

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

VISA/Master Card No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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The issuer of the card identified on this item is authorized to pay the amount shown as TOTAL upon proper presentation. I promise to pay such Total (together with any other charges due there on) subject to and in accordance with the agreement governing the use of such card.