Credit Card Authorization

Supervisor submitting form:_____ Camp Location: _____

Camper(s) Name: _____ Item(s) purchased (eg. week 1 full days):_____

Amount to be charged to credit card: $_____

Card Holder Information

Card holder name (as it appears on card):_____ Card type (circle): VISA MC

Card Number: _____ Exp Date: _____ CCV Number: _____

I acknowledge that:

- a **2.4% credit card processing fee** will be added to the total payment above
- a declined payment must be promptly paid by an alternative method of payment

Signature:_____ Date:_____

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