

South Brunswick Community Education
P.O. Box 701
Monmouth Junction, NJ 08852
732 297-7800 x3196



Before and After School Program Credit Card Authorization
2007-2008

Family Name _____

Address _____

Student's Name Last First School

Student's Name Last First School

Student's Name Last First School

I hereby authorize South Brunswick Community Education to charge my MasterCard or VISA account as follows:

Family Registration Fee for 2007-08: \$45

Family Monthly Tuition Amount: _____

Registration Fee and 1st month's tuition payment will be charged upon receipt. Thereafter, the monthly tuition **plus any other fees** incurred (ex. drop in, late pick up) will be charged on the **1st or 2nd business day** of each month through June 2008. If your credit card is rejected or declined, you will be charged a \$25 fee. Please be sure your credit card expiration date is June 2008 or later. You must notify our office immediately if your credit card number changes to avoid interruption in service.

MasterCard/VISA # _____ Exp. Date _____

Cardholder's Name (Please Print) _____

Cardholder's Signature _____

Please return this form via FAX to 732-348-2110 or mail to:
South Brunswick Community Education, BAS Fees
P.O. Box 701, Monmouth Junction, NJ 08852