

The Sagemont School
Charge Authorization Form
2019-2018

Date: _____

Name of Student(s): _____

Credit Card Number: _____

Expiration Date: _____

Name as it appears on the credit card: _____

Complete credit card billing address, including zip code:

I _____ authorize The Sagemont School to automatically charge my credit card for monthly lunches for 2018-2019 School year. **(Amount varies)**

Signature of Cardholder: _____