



Children: _____

Children: _____

Children: _____

ASEP Payment Authorization Form

Sign and complete this form to authorize Strong Rock Christian School to make a recurring debit to your credit card listed below.

By signing this form you give us permission to debit your account for ASEP charges indicated below. This is permission for recurring ASEP charges only, and does not provide authorization for any additional unrelated debits or credits to your account unless authorized by you.

Please complete the information below:

I _____ authorize Strong Rock Christian School to charge my credit card
(full name)
account indicated below for Afterschool Enrichment Program (ASEP) charges on the first of the month.

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Account Type: ☐ Visa ☐ MasterCard ☐ AMEX ☐ Discover

Cardholder Name _____

Account Number _____

Expiration Date _____

CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

Account Type: ☐ Checking/Savings

Account Name _____

Routing Number _____

Account Number _____

Bank Name _____

SIGNATURE _____

DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for recurring use. 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; so long as the transaction corresponds to the terms indicated in this form.