



## Robbinsville Extended Day Credit Card Authorization Form

Type of Card:  Master Card  Discover  Visa

Name as it appears on card: \_\_\_\_\_

Billing Address for this card: \_\_\_\_\_

Last 4 digits of card # (for your security) \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Child (ren) 's name(s): \_\_\_\_\_

Site: \_\_\_\_\_

*I hereby authorize R.E.D./Regwerks to automatically charge my credit card for my child(ren)s tuition on the 30<sup>th</sup> day of each month from October 2017 through May 2018. I am aware that any schedule changes should be called in to the R.E.D. office prior to the 15<sup>th</sup> of each month.*

Signed : \_\_\_\_\_ Date: \_\_\_\_\_

To ensure your privacy, please mail (not fax) this form to:

**Robbinsville Public Schools  
R.E.D. Program/Accounting Dept.  
155 Robbinsville Edinburg Road  
Robbinsville, NJ 08691**