



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./Revtrak to automatically charge my credit card for my child(ren)s tuition on the 30th day of each month from October 2018 through May 2019. I am aware that any schedule changes should be called in to the R.E.D. office prior to the 15th 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**