



AUTHORIZATION AGREEMENT FOR PAYMENT

If you would like to enjoy the convenience of automatic bill payment to your credit card account, simply complete and sign the form below. Your charge will appear on your monthly statement.

Visa _____ Master Card _____ Discover _____

School Name _____

Name printed on Credit Card _____

Childs Name _____ Grade _____

Street Address _____

City _____ State _____ Zip Code _____

Phone #: _____

Email Address: _____

Please select the appropriate automatic billing option that applies:

If this specific bill is be charged to your credit card, check here and fill in the transaction amount:

Bill this invoice of \$ _____ to my credit card.



If your bill varies each month, check here:

- Bill all monthly charges to my credit card. Since my payment amount varies each month, I will receive written notification of the amount and date of the next charge prior to each schedule transaction date. Automatic payment amount not to exceed \$ _____.

Please tell us how long you want us to automatically bill your credit card.

- This authorization is valid for the duration of the school year.
- This authorization is valid until I provide you with written cancellation.

You may cancel this automatic billing authorization at any time by contacting us in writing at Duke Catering, 17 Valley Forge Court, Marlton NJ 08053 or by e-mail dukecatering@comcast.net

I hereby authorize Duke Catering to charge my credit card account number

_____ **Exp. Date** _____ **as designated above.**

Signature _____ **Date** _____