

**SPRING VALLEY ACADEMY**  
**AUTHORIZED AGREEMENT FOR AUTOMATIC CREDIT CARD CHARGE**

School Year \_\_\_\_\_

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I authorize Spring Valley Academy (SVA) to charge my:

Discover       MasterCard       VISA

credit card on the 10<sup>th</sup> of each month, for the balance of my account(s) unless a different amount is specified.

Student Name(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please include \$\_\_\_\_\_ each month for the lunch account in addition to the balance on my account(s). If more money than authorized above is needed in the lunch account, SVA will notify me before my account is charged.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

**Choose one:**

Please use credit card already on file       I will provide the credit card information in person  
**Or** by calling in to the Business Office

Last 4 digits of the credit card \_\_\_\_\_ Expiration Date \_\_\_\_\_

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Card Holder's Signature

Date