



**LAKESIDE (only) AUTHORIZATION  
AGREEMENT  
FOR DIRECT PAYMENTS**

Please print information below-thank you.

STUDENT LAST NAME \_\_\_\_\_

STUDENT FIRST NAME \_\_\_\_\_

GRADE LEVEL \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

CONTACT NUMBER \_\_\_\_\_

SCHOOL YOUR CHILD ATTENDS **LAKESIDE ELEMENTARY**

**CREDIT CARD INFORMATION**

I hereby authorize LGS Recreation to initiate charges (at the time of registration and during the first week of December) to my credit card indicated below, to make two equal payments for the following program: El Programa Español. My credit card will be charged \$325 at the time of registration and again the first week in December.

PLEASE BILL MY: \_\_\_ VISA \_\_\_ MASTERCARD \_\_\_ DISCOVER

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EXP. DATE 

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Month Year

CARD HOLDER NAME (please print) \_\_\_\_\_

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

**This authorization is to charge your card \$325 at the time of registration and the remaining balance of \$325 the first week in December. You will not be charged the remaining balance if your cancellation is received by October 28<sup>th</sup>. If you choose to drop the class after the deadline date – you are still responsible for the remaining balance and will be charged whether or not your child is in attendance. There are no refunds or credits given after October 28<sup>th</sup>.**

**I hereby authorize LGS Recreation to charge my credit card in two equal payments of \$325. I understand I am responsible to pay the remaining balance, even if the class is dropped after the deadline date of October 28<sup>th</sup>.**

**SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_**

COMMENTS: (FOR OFFICE USE ONLY)