The Colony Band Booster Club

Credit Card Payment Request Form

Student Name: _____

Card Holder Information:

Name (as it appears on card)

Billing address

_____

_____

_____

Card Information:

Card Number

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Expiration Date (mm/yy) _____/_____

☐ Visa ☐ Discover

☐ MasterCard ☐ American Express

Payment Information:

Payment Amount: $_____

Payment is for;
____Annual Band Fee Trip Fee ____Spring
  ____Fall
____Other _____

Card Holder Signature _____ Date ____/____/____

_____

For Board Treasurer Use only;

Date submitted _____ Authorization Code _____