

Healthy Kids LV/Children First Inc

Payment Authorization Form

Lunch Program:

_____ 5 x week X 4 wks @\$ 3.75 per lunch = \$75.00 per month per student

_____ 4 x week X 4 wks @\$ 4.00 per lunch = \$64.00 per month per student

_____ 3 x week X 4 wks @\$ 4.25 per lunch = \$51.00 per month per student

_____ 2 x week X 4 wks @ \$ 4.50 per lunch = \$36.00 per month per student

Lunch purchases are non-refundable. Healthy Kids LV/Children First, Inc is not responsible for missed lunches do to student absence, sick days, etc.

Initial _____

<p>Student Information:</p> <p>Student Name _____</p> <p>School _____ Grade _____</p> <p>Parent(s) _____</p> <p>Email _____</p> <p>Phone _____</p>

Billing Information:

___ Money Order

___ Cash

___ Credit card/Check Card

Please Complete-

Cardholder's Signature _____ Date _____

___ Visa

___ MasterCard

___ Discover

Card Number _____

Exp _____

Security Code _____

Billing Zip Code _____

I authorize Healthy Kids LV/Children's First, Inc to charge my credit card () monthly 1st day of every month, () bi-weekly-the 1st and 15th day of every month or () one time only- for the above selected lunch program plus the \$1 credit card processing fee for each transaction. **Initial** _____