

# The Colony Band Booster Club

## Credit Card Payment Request Form

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

### Card Holder Information:

Name as it appears on card \_\_\_\_\_  
Billing Address \_\_\_\_\_  
City, State, ZIP \_\_\_\_\_

### Check One:

Visa     Discover     MasterCard     American Express

### Card Number:

-  -  -

Expiration Date /  
(mm/yy) \_\_\_\_\_  
Month Year

### Payment Information:

Payment Amount: \$ \_\_\_\_\_

Payment is for;

- Annual Band Fee
- Trip Fee Spring
- Trip Fee Fall
- Other

Card Holder Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*For Board Treasurer Use only;*

Date submitted \_\_\_\_\_

Authorization Code \_\_\_\_\_