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 ☐ Master Card ☐ Discover ☐ American Express

Card Number:

_____ - _____ - _____ - _____

Security code from back of card: _____

Expiration Date: _____ / _____
Month Year

Payment Information:

Payment Amount: $ _____

Payment is for: ☐ Band Fee
☐ Trip Fee
☐ Parent Spirit Items
☐ Other _____

Card Holder Signature: _____ Date: _____

For Board Use Only:

Date Submitted: _____

Authorization Code: _____