



Payment Update Form

Student Name: _____

Credit Card Type (Circle): VISA MasterCard American Express

C.C. #:	Exp. Date:	Security Code:
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Name (as it appears on the card): _____

Home Address: _____

Cell Phone (____) _____ Work Phone (____) _____

I have read and understand the Ocean Aftercare Enrollment Policies. I authorize Ocean Charter School to charge my card monthly until I cancel my enrollment on or before the 20th of the prior month of service in writing by emailing

INVOICE RECIPIENT

Invoice should be sent to the following:

Name	Email
Name	Email

By signing this document, I understand and accept:

- 1. Those paying with a credit card are responsible submitting a valid card number.
- 2. A DECLINED FEE of \$15 will be applied to any declined transactions.
- 2. A LATE FEE of \$10 will be added to the outstanding bill as of the 27th.

Signature	Date
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FOR OFFICE USE ONLY

NEW RETURN DATE RECEIVED _____ Recorded: RECEIVED BY _____ VIA: FAX EMAIL
 DATABASE QUICKBOOKS ATTENDANCE