



BOYS & GIRLS CLUB
Of Lower Merrimack Valley
18 Maple Street, P.O. Box 5906, Salisbury, MA 01952

**AFTERSCHOOL AND SUMMER PROGRAM
CREDIT CARD CONSENT FORM**

I authorize the Boys & girls Club of Lower Merrimack Valley to keep my signature on file and charge my credit card for the balance due for youth services weekly. I understand that I will receive a bill before my credit card is charged.

I understand that this form is valid for the 2023-24 Afterschool Program and 2024 Summer Program only, unless I cancel the authorization through written notice to the Boys & Girls Club of Lower Merrimack Valley. A new Credit Card Consent form must be submitted in September for the new school year.

Child's Name: _____

Cardholder's Name: _____

Cardholder's Address: _____

City: _____ **State:** _____ **Zip:** _____

Program: Afterschool and Summer Programs

Amount: Balance Due

Account #: _____

Exp. Date: _____ **cvv#:** _____

Cardholder's Signature: _____

Contact Tel #: _____

WE ACCEPT:

MASTERCARD VISA