

Concordia Lutheran School  
Cafeteria Automatic Withdrawal  
2017-2018

Date \_\_\_\_\_

I authorize Concordia Lutheran School's cafeteria to charge my credit card for the amount designated below each time my child(ren)'s cafeteria balance reaches zero. I understand this form remains in effect for one school year, and that I may revoke this form at any time by calling Mrs. Schindler in the cafeteria office at 210-479-1477, ext. 1058. Email this form to: [gayes@concordia-satx.com](mailto:gayes@concordia-satx.com)

Name on card \_\_\_\_\_

Type of card   AMEX                      VISA                      MC                      DISC

Card Number \_\_\_\_\_ Expiration \_\_\_\_/\_\_\_\_

CVV/CSV code (3-digit code on the back) \_\_\_\_\_

Amount to be charged when account is depleted \$ \_\_\_\_\_

Child(ren)'s names \_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ Grade \_\_\_\_\_

Cardholder's signature

\_\_\_\_\_

Cardholder's printed name

\_\_\_\_\_

Number \_\_\_\_\_

**For Office Use Only**   *Family Account*