

HONEOYE FALLS-LIMA

Central School District

Community Programs & Aquatics Department

Office: (585) 624-7068

Fax: (585) 624-7138



Honeoye Falls – Lima *Cougar Care* Before and After School Care Program Automatic Monthly Credit Card Payment

I, _____ authorize Honeoye Falls – Lima Community Programs to charge
(Print name)
the credit card listed below for payments for my child’s participation in *Cougar Care* Before and after school
care program for the school year of **2019-2020**.

Card will be charged between the 1st and 7th of each month

(Signature)

(date)

Credit Card Information

VISA MASTERCARD American Express Discover

Credit Card # _____

EXP. Date _____ **CVC#** _____

Card Holder Name _____