Boulder Valley School District RE-2
Credit Card Continuous Payment Form for School Lunches

Check Type of Card ☐ **Visa** ☐ **MasterCard**

Clear and Reset

Name on card _____

Address _____
Street City State Zip Code

Card # _____ **Exp Date** ____ / ____ **V-Code** _____
Month Year 3 digit # on the back of your card

Day Time Phone # In Case We Have Questions: _____

Please complete the following:	**August**	**$**
	September	**$**
Student's Name:	**October**	**$**
	November	**$**
School:	**December**	**$**
	January	**$**
Grade:	**February**	**$**
	March	**$**
Payment for: Lunches	**April**	**$**
	May	**$**

I authorize Boulder Valley School District to charge my credit card monthly for the above transactions.

_____ _____
Authorized Purchaser's Signature Date

Mail to:
Boulder Valley School District RE-2
Attn: Accounting Department
P.O. Box 9011
Boulder, CO 80301

Telephone: (303) 447-5138
FAX: (303) 447-5039

Accounting Use Only:

_____
Account Number