BOULDER VALLEY SCHOOL DISTRICT
COMMUNITY SCHOOL PROGRAM

SAC AUTHORIZATION BILLING FORM

I hereby authorize _____ to make monthly payment
(List Banking Institution, Credit Card Company)
on my behalf from the checking, savings or credit card account listed below and transfer it to BVSD Community School Program SAC Program.

CHOOSE ONE:

_____ Checking Account Transfer (voided check must be attached)

_____ Savings Account Transfer Account#_____

_____ Credit Card _____ Visa _____ MasterCard _____ Discover

_____ Debit Card Card Holder Name _____

Credit Card # _____

Expiration date _____

CVV #_____ (last 3 digits on back of card)

I understand that I am in full control of my payment and if at any time I decide to make any changes or discontinue this service, I will notify SAC. Change of payment method will not affect the terms of my enrollment.

Name _____ Address _____

City _____ State_____Zip Code_____

Signature_____

Date_____

If you have any questions, please contact Carol Schory, SAC Accounting Assistant at 720-561-3774.

A $15.00 charge will be assessed for returned checks or credit card charge denials. After two returned checks or two credit card denials, cash or money order is required.

Return this form with the SAC Fee Payment Options form ASAP to:

BVSD Community School Program/ SAC
805 Gillaspie Drive
Boulder, CO 80305