



CREDIT/DEBIT CARD AUTHORIZATION FORM

I _____ hereby authorize
Mise en Place Ltd. to file my credit/ debit card account for
my child’s school lunches.

School:

Student’s name and Grade/Year:

- VISA
- MASTERCARD
- DEBIT

Credit/Debit Card Number: _____

Expiration Date: _____ / _____

Security Number: _____

(3 digit security code on the back of the card)

Contact Phone Number: _____

Contact Email: _____

Any outstanding balances will be automatically charged to
the credit/debit card account at the end of each calendar
month.

Cardholder’s Signature

_____/_____/_____
Date

Notes:
