



Whitman-Hanson Regional School District

**Summer School Registration
Payment Authorization Form
(Credit Cards Only)**

MasterCard

Card Number: _____

Name on Card: _____

Expiration Date: _____ / _____

Zip Code: _____

Visa Credit Card

Card Number: _____

Name on Card: _____

Expiration Date: _____ / _____

Zip Code: _____ **CVV Code:** _____

I authorize the Whitman-Hanson Regional School District to automatically withdraw the amount of
\$ _____ from the above mentioned account for the following summer school
classes: _____

Students Name: _____

Address: _____ Phone: _____

Signature (of cardholder)

Print Name

Date _____