

Credit Card Authorization Form

FHK Brain and Body LLC (dba KéKAY Method) Magellan Charter School After-School Care Program

Please complete all fields This authorization will stay in effect for 10 months from the original date
Date of initial charge: 14th of August, 2024

Credit Card Information	
Card Type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name (as shown on card):	_____
Card Number: _____	Code: _____
Expiration Date (mm/yy):	_____
Full address and zip code on credit card billing statement _____	

I, _____, authorize KéKAY Method to charge the above credit card for the posted monthly fee (www.kekaymethod.com) for after-school care for my enrolled child(ren), plus a 3% credit card fee, on the 14th day of each month from August 2024 to May 2025.

Name of child _____

DOB _____

Name of second child _____

DOB _____

Name of 3rd child _____

DOB _____

Customer Signature

Date