

## 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: August 14th, 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: _____	C V Code: _____
Expiration Date (mm/yy):	_____
Cardholder ZIP Code (from credit card billing address):	_____

I, \_\_\_\_\_, authorize KéKAY Method to charge the above credit card for the posted monthly fee ([www.kekaymethod.com](http://www.kekaymethod.com)) for afterschool 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.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date