



Payment Option B
Credit Card Authorization Form

Please complete this form only if you have elected to pay via credit card.
Your additional amount of \$400 per child can be included as part of your monthly payment.

I hereby authorize Paul Penna Downtown Jewish Day School (Paul Penna DJDS), to charge my
VISA / Mastercard account, Card Number _____ with expiration date
of _____, and in the name of _____,
the monthly amount of _____ (please initial) for _____ (please initial) consecutive months
beginning in _____ 2024, as my tuition payment and donation for the 2024-25 school year.

Cardholder Signature:

Parent / Guardian - Name (please print)

Parent / Guardian - Signature

Date