

Thornton Academy Student Debit Card

Student's Name _____ Cl Yr _____

Please choose one:

_____ Amount of enclosed check \$ _____

_____ Amount to bill credit card one-time \$ _____

Credit card no. _____

_____ Automatic credit card deductions to start at \$ _____

Exp. Date _____

and to be rebilled to credit card number at that amount

Your Name as it appears on card:

when amount falls below \$ _____ (cannot be lower than \$5).

Your authorizing signature:

If you would like to receive monthly reports on your child's account, please indicate the e-mail address you would like these reports sent to (monthly reports are only available by email): _____

Please return this form to: Finance Office, Thornton Academy, 438 Main St., Saco 04072.