

CHANGE OF BILLING

Child's Name: \_\_\_\_\_ Site: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

**New Billing Information: (ONLY VISA and MASTER CARD Accepted)**

Card Number: \_\_\_\_\_

Exp. \_\_\_\_\_ CVV Code: \_\_\_\_\_  
(3 digit security code found on the back of the card)

I hereby authorize the River Vale Educational Fund, Inc to debit the above card on the 1st of each month.

Card Holder Name: \_\_\_\_\_

Card Holder Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Sign below to authorize a change in your billing method from card payment to check payment. By signing, I am agreeing to send check payments no later than the 1st of each month.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please make check payable to: RVEF  
Send to: 801 Rivervale. River Vale, NJ 07675  
Checks due the 1st of each month