

**FRANKLIN TOWNSHIP BOARD OF EDUCATION FOOD SERVICES
AUTHORIZATION AGREEMENT
DIRECT DEBIT/CHARGE PAYMENT PROGRAM 2012-2013**

Please complete and sign this authorization agreement and return to:

Department of Food Services
Franklin Township Board of Education
1755 Amwell Road
Somerset, NJ 08873

If you have any questions, please contact the Food Services office at 732-873-2400 Ext. 505 or 222.

*I/we hereby authorize the Franklin Township Board of Education, Department of Food Services, to charge or debit the charge or debit card indicated below, in payment for my Food Services Account. I understand the **automatic withdrawal of the amount indicated below will be made monthly on the last day of school.***

This authorization will remain in effect until the Franklin Township Board of Education, Department of Food Services, has received written notification at least 15 days prior to the date of the termination of this agreement.

Please Type or Print All Information

Name on credit/debit card: _____

Address: _____

Daytime Phone Number: _____

Circle Type of Card (VISA, MASTERCARD, DISCOVER or AMERICAN EXPRESS)

Card Number _____ Exp. Date _____

Signature _____ Date _____

Meal Acct.	Gen. Acct.	Name of Student	School	PIN	Meal Acct.	Gen. Acct.	Total

Money assigned to the MEAL ACCOUNT may only be used for the purchase of meals.

Money assigned to the GENERAL ACCOUNT may be used for meals and a la carte purchases (fruit, water, juice, snacks, extra entrée, etc).

BELOW IS FOR OFFICE USE ONLY

	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
FastLane											
Log											
Receipt											