

# Credit Card Authorization Form

Account Number: \_\_\_\_\_

Expiration Date on Card: \_\_\_\_\_

CVC Code on Back of Card: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Zip: \_\_\_\_\_

- Please charge my card listed above for all fees and tuition in full.
- Please charge my card listed above monthly and according to the payment schedule.
- In case of breach of contract, a \$500 buyout fee will be charged to my card upon leave.

Signature of person on card: \_\_\_\_\_

Parent/Legal Guardian of: \_\_\_\_\_

PRINT name of Parent/Legal Guardian: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_