SCHOOL YEAR: _____

CREDIT CARD AUTHORIZATION FORM:

Student(s) Name(s): _____
PLEASE PRINT

Name of Cardholder: _____

PLEASE PRINT NAME **EXACTLY AS IT APPEARS ON THE CARD**

Type of Card: *(Check One)*

☐ VISA ☐ MASTERCARD ☐ DISCOVER

Credit Card #: ___/___/___/___/___/___/___/___/___/___/___/___/___/___/___/___/

Billing Address: _____

Expiration Date: _____/_____ Billing Zip Code: _____ CCV: _____

PLEASE SELECT YOUR PAYMENT OPTION:

(Check One)

ALL SCHOOL CHARGES *(Option 1)*

☐ I hereby authorize Paladin Academy to charge the above-referenced credit card, in the amount equal to ***all tuition and school related charges***, **automatically** as early as the 1st business day of each monthly period and as required.

MONTHLY AMOUNT *(Option 2)*

☐ I hereby authorize Paladin Academy to charge the above-referenced credit card, in the amount of $_____, automatically as early the 1st business day of each monthly period through the conclusion of the academic year.

This payment is for: _____.

By selecting Option 1 or 2 above, I agree and understand that the first automatic payment will begin as early as the 1st business day of each monthly period following effective the signature date listed below. These charges will continue until either an increase of tuition rates or the end of the academic school year. I also understand that should I desire to make a manual non-credit card payment during this period, it is my responsibility to notify the school office in writing before the 1st business day of the month

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ONE-TIME CHARGE *(Option 3)*

☐ I hereby authorize Paladin Academy to charge the above-referenced credit card, in a one-time lump sum of $_____.

This payment is for: _____.

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By signing below, I reaffirm to be subject to the terms of the school's refund policy, early withdrawal policy and the terms outlined above, authorizing the use of this card for those obligations. In accordance with the tuition agreement, I understand some payments authorized may represent payment in advance of services rendered. I acknowledge it is my responsibility to notify the school of any changes with my card.

By signing below, I affirm that I am an authorized user of this credit card.

Date: _____ Name: _____
MONTH/DAY/YEAR PLEASE PRINT

Credit Card Authorization Signature: X_____
PLEASE SIGN

2014

OFFICE USE ONLY	
Verified By:	Previously Verified: ☐
Date:	CC Copy On File: ☐