Paladin Academy

14900 NW 20th Street

CREDIT CARD PAYMENT AUTHORIZATION FORM

Student(s) Name: _____

Name of Parent or Guardian: _____

Billing Address: _____ City _____ Zip: _____

Phone #: _____ Work #: _____

Email: _____

Credit Card Type (Circle One) VISA MASTERCARD **PLEASE NOTE**: There is a 2% transaction fee

Notice: Paladin Academy does NOT accept American Express

Name of Cardholder (as it appears on credit card): _____

Credit Card Number: ___ ___ ___ ___ __ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

Expiration Date: _____ /____ **CVV_____**

Please indicate the payment of your choice by initialing beside one of the options below.

Option 1 - Monthly

_____ I hereby authorize Paladin Academy to charge the above referenced credit card, in the amount of

$_____ **per month**, automatically on the 1st business day of each monthly period.

Option 2 - One-Time Charge

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

$_____ one-time charge.

If Option 1 is selected above, I understand that the first such automatic payment will begin on the 1st business day of each monthly period following the date set forth below next to my name and will continue until the end of services.

- I acknowledge that it is my responsibility to notify Paladin Academy if my credit card expires, and to provide Paladin Academy/ALMA Parent Portal with updated information. If failure to do so results in the tuition payment not being paid within seven days of the due date, attendance at the school will no longer be permitted until tuition is paid in full.
- I understand that all payments authorized above represent payment in advance of services rendered.
- **I acknowledge that, in addition to the amount(s) specified above, a late fee of $25.00 will be assessed at noon on Monday** following the due date.

Date: _____

Credit Card Authorization Signature: x_____