



CARD AUTHORIZATION

Cardholder Name : _____

Card Type : _____ (Debit, Visa, MasterCard, Discover, JCB, Amex, etc.)

Card Number : _____

Expiration Date : _____ / _____

Security Code : _____ (three digit code on the back of the card)

Credit Card Billing Address:

City/State _____ Zip Code _____

_____ I hereby authorize Homework Buddy to charge the balance of my account if I am not able
(initial) to make my payment by the end of the month, or as agreed, until such time I formally
cancel my account.

Being the authorized cardholder, by signing below I understand and agree to the terms set forth in this agreement, agree to pay, and specifically authorize to charge my debit/credit card for the services provided. I agree that in the event my card becomes invalid, I will provide a new valid debit/credit card to be charged for the payment of any outstanding balances owed. I further understand and agree that without prior notification, I could be charged a returned payment fee, and/or a late fee if my payment cannot be processed on time.

(Signature of Card Holder)

(Date)