

**PLEASE RETURN THE COMPLETED AND SIGNED FORM TO  
InnovativePedagogyEngages@Gmail.com, ALONG WITH THE COMPLETED ACADEMY HANDBOOK.  
PLEASE DO NOT SUBMIT IN HARD COPY FORM. A DIGITAL COPY IS PREFERRED.**

## **Authorization for Credit Card Use**

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN.  
All information will remain confidential

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

Billing Address: \_\_\_\_\_

\_\_\_\_\_

Credit Card Type: \_\_\_\_\_ Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ Discover \_\_\_\_\_ AmEx

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Card Identification Number: \_\_\_\_\_ (last 3 digits located on the back of the credit card)

Amount to Charge: \$\_\_\_\_\_ (USD) \*Semester or Monthly Fees as listed in 2020-2021  
Scholars Academy for the Gifted and Artistically Elite Virtual Classroom Contract

I authorize Scholars Academy for the Gifted and Artistically Elite to charge the amount listed above to the credit card provided herein. I agree to pay for this service in accordance with the issuing bank cardholder agreement and according to the terms listed in the 2020-2021 Scholars Academy for the Gifted and Artistically Elite Virtual Classroom Contract.

Cardholder – Please Sign and Date

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_