

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 Authorizing to Charge (indicated total + an additional 3.5% credit card service fee):

* _____\$2775.00(USD) Semester + \$250 second semester supply fee, \$120 testing fee, and TBD field trip fees as listed in the Scholars Academy for the Gifted and Artistically Elite 2020-2021 handbook.

* or * _____\$560.00 (USD) MonthlyFees + \$250 second semester supply fee, \$120 testing fee, and TBD field trip fees as listed in the Scholars Academy for the Gifted and Artistically Elite 2020-2021 handbook.

I authorize Dr. Laura Lowder, as a representative of the Scholars Academy for the Gifted and Artistically Elite, to charge the amounts listed above to the credit card provided herein. I agree to pay for this service in accordance with the issuing bank cardholder agreement and, ultimately, according to the terms listed in the 2020-2021 Scholars Academy for the Gifted and Artistically Elite Handbook. I agree to and approve my payment of these charges, even in the event of an early withdrawal from the Scholars Academy for the Gifted and Artistically Elite and/or PTP program(s). I will not object to honoring charges or deny payment of contracted fees and I understand that the programmatic budget is set at the start of each academic year and as such, abandoned fees may negatively impact the students and the program.

Cardholder – Please Sign and Date

Signature: _____

Date: _____

Print Name: _____