



Automatic Payment Authorization

Your monthly tuition will automatically be charged to a credit/debit card between the 1st and 3rd of each month. An invoice will be emailed to you upon registration with your anticipated monthly payment amount. To withdraw or change your registration, written notice must be given 15-days in advance to allow processing time.

Student Name(s	s)		
Parent Name			
Email Address	(must have one on file for invoices distribut	ion):	
Payment Inform	nation:		
Card Type:	☐ Visa ☐ MasterCard		
Card Numbe	er	Expi	ration Date (mm/yy):
Name of Cardholder: V-Code (3-digit code on back):			
Billing Addr	ress of Cardholder :		Zip:
Signature of Cardholder			
2. If the charge check, payme3. A receipt will4. If your card	ent must be received prior the 1 st of 1 be emailed and/or given to you up	each month (otherwise you oon request. le, please notify our office	ce immediately to provide new card
Date form received:			
Charge Amount Details (date, amount charged, reference #):			
September		March	
October		April	
November		May	
December		June	
January		July	
February		August	