



# Credit Card Authorization Form Agreement

Payment

Plan

## CARDHOLDER INFORMATION

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

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

Street Address (cont.): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Billing Postal Code: \_\_\_\_\_

## Payment Plan Agreement

I authorize a recurring charge for the following amount:

\$95.00 Due upon Registration

\$235.00 On the First Day of Class

\$235.00 Halfway through the Program (the second Monday for the 2-Week Course and the 3<sup>rd</sup> Saturday for the Weekend Course)

\*\$35.00 Late Fee Applies for Late Payments

## CREDIT CARD INFORMATION

Credit Card Type:  MasterCard  Visa  American Express  Discover Card

Number: \_\_\_\_\_

Expiration Month: \_\_\_\_\_ Expiration Year: \_\_\_\_\_

Cardholder Signature X \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Security Code: \_\_\_\_\_