

Education Connection Academy (ECA)

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ECA Travel Credit Card Authorization Form

I am authorizing Education Connection Academy to charge the following credit card on my behalf to the associated suppliers and vendors from travel package:

Card Type (circle one): Visa MasterCard Discovery American Express

Card Number: _____ Expiration Date: _____

Name as printed on the card: _____

Verification/Security code (3 digit code on the back of card by signature line): _____

Billing address of the card: _____

City: _____ State: _____ Zip: _____

Email for Confirmation: _____

By signing below I am authorizing Education Connection Academy to charge my credit card on my behalf to the associated suppliers and vendors according to the guidelines and policies sent via email with package details.

Signature: _____ Date: _____