




# Credit Card Authorization Form

Tuition for \_\_\_\_\_

**Billing Information: Visa, MasterCard, Discover accepted**

<b>Cardholders Name</b>	
<b>Card Type</b>	<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> 
<b>Account Name</b>	
<b>Account Number</b>	
<b>Expiration Date</b>	
<b>CVV code (3 digit code on card)</b>	
<b>Address</b>	
<b>City/State/Zip</b>	
<b>Telephone</b>	

I, \_\_\_\_\_, hereby authorize Paradigm Care & Enrichment Center to charge my credit card in the amount of \$ \_\_\_\_\_ per week for the entire month. The charge will be made to my credit card on the first Monday of each month. In the event the month ends in the middle of a week I will be charged for that entire week. I understand that my signature on this form along with a copy of my credit card and a picture I.D. will serve as my authorized signature on the credit card slip.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**A photo copy of the credit card and your driver's license is required.**