

# Credit Card Authorization Form

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

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

<b>Name as it appears on card</b>	
<b>Billing Address</b>	
<b>City/State/Zip</b>	
<b>Daytime Phone</b>	
<b>Evening Phone</b>	
<b>Mobile Phone</b>	
<b>Email receipt to this email address</b>	
<b>Card Type</b>	<input type="checkbox"/> M <input type="checkbox"/> V
<b>Account Number</b>	
<b>Expiration Date</b>	
<b>CVV code (3 digit code on card)</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. (Some months have 4 weeks others have 5 weeks. Your card will be run for the same number of weeks as there are Mondays in the month.) 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.

Cardholder's Signature \_\_\_\_\_ Date \_\_\_\_\_

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