



Credit Card Authorization Form

I, _____, authorize Academia del Perpetuo Socorro, to charge my credit card the amount of, \$_____ every _____ of the month for tuition. These charges will be for the 2017 - 2018 school year.

By signing this document, I understand that all the information provided to Academia del Perpetuo Socorro is strictly confidential and will not be used for any other purposes.

Family #: _____

Student Name: _____

Form of Payment:

_____ Visa _____ Master Card _____ Amex _____ Discover

Name on Card: _____

Credit Card Number: _____

Expiration Date: _____ Contact Number: _____

_____ Automatic Debit from Bank Account _____ Checking _____ Savings

Routing Number: _____ Account Number: _____

Email: _____

Card Holder's Signature