

CREDIT CARD AUTHORIZATION FORM FOR TUITION PAYMENTS

IF YOU WISH FOR YOUR PAYMENTS TO BE TAKEN AUTOMATICALLY FROM THE SCHOOL OFFICE FOR YOUR SCHOOL PAYMENTS OR TODDLER PROGRAM or SUMMER CAMP. PLEASE FILL OUT THIS FORM AND RETURN AS SOON AS POSSIBLE.

For your convenience, we accept Visa, Mastercard, Discover. Please sign the authorized form below to allow us to process your payment by credit card monthly OR BY SPECIFIED DUE DATE (SUMMER CAMP).

ORGANIZATION: AUXILIUM LEARNING CENTER

I _____ authorize Auxilium Learning Center to charge my credit card for the product and/or services I have ordered.

NAME OF STUDENT _____

CARDHOLDER NAME _____

Billing Address _____

Card Type __ Visa __ MC __ Discover

Card Number _____

Expiration Date _____

Signature _____

Date _____

