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CREDIT CARD AUTHORIZATION FORM

All fields of this form must be completed before payments can be processed.

Mother Name : _____ Father Name: _____ Student Name: _____

Phone Number: _____ Email for Receipt: _____

To: Meadow Oaks Academy

This is to confirm that, we are instructing Meadow Oaks Academy to charge Tuition against the following Credit Card. It is understood and accepted that to provide additional security for our benefit, Meadow Oaks Academy may verify the credit card holder's billing. Debit card with Visa and Mastercard logo will be processed just like regular credit cards. All Credit Cards payments will incur 4% surcharge.

Credit Card Type: VISA MC AMEX DISC OTHER

Credit Card Number:

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CCV: **Exp date:** /

Cardholder's name as it appears on the credit card:

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Cardholder's billing address:

Street:
City: State: Zip:

Cardholder's phone number:

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Cardholder's Signature:

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