



Payment Authorization Form

Responsible Party: _____

Paying Party (if different): _____

Date: _____

Program Participant(s) _____

Program costs: _____ Program total: _____

Billing Information:

Full Name (as it appears on method of payment): _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

I will be paying by (check all that apply):

Cash: Initial Payment of \$ _____

Check: Initial Payment of \$ _____ Recurring Payments of \$ _____ for _____ months

Please submit checks for all recurring payments along with this form and postdate them for the date they are to be deposited.

Returned checks will be assessed a \$35 fee.

Credit Card: Initial Payment of \$ _____ Recurring Payments of \$ _____ for _____ months

Card type: Visa / MasterCard / American Express/Discover (circle one)

Card Number: _____ - _____ - _____ - _____ Expiration Date ____ / ____

Declined payments will be assessed a \$20 fee. Code: _____

By signing this form I agree that _____ payments will be automatically withdrawn from my account.

Signature: _____ Date: _____

Print Name: _____

Recurring Payment Dates:

_____ _____ _____ _____

_____ _____ _____ _____

_____ _____ _____ _____