

CREDIT CARD AUTHORIZATION FORM

Name of Child: _____ D.O.B: _____

Name on the card: _____

Type of Card (circle one): Visa MC AmEx Discover Other: _____

Account number _____ - _____ - _____ - _____

Expiration Date: _____ Security Code: _____

Billing Address: _____

City : _____ State: _____ Zip: _____

_____ I hereby authorize **Growing Seeds Academy LLC** to charge the credit card above for my child's monthly tuition on a regular basis.

OR

_____ I hereby authorize **Growing Seeds Academy LLC** to charge the credit card above for my child's tuition and subsequent late fees in the event alternate payment method is not received by

the 10st of the month* /or Monday of every week*

Signed: _____ Date: _____

*(monthly payments) *(weekly payments)