ACH Payment Authorization Form

Please complete this form completely.

Student Last (Family) Name	Student First (Given) Name	M.I.

Student ID# (If applicable): _____

Phone Number: _____ **E-mail Address:** _____

Street Address: _____ **City:** _____

State (Province): _____ **Country:** _____ **Zip Code:** _____

Student Signature: _____ **Date:** _____

I, _____**, hereby authorize Evergreen Academy to charge the amount of $**_____

I agree to provide accurate credit card details required for this credit card payment transaction. Furthermore, I understand if any problem occurs and the credit card defaults, I will immediately contact Evergreen Academy to provide a different method of payment or different credit card details. I understand that if I do not sign this authorization form, I will not be able to make a payment by a credit card unless I personally appear at Evergreen Academy or re send the signed Credit Card Payment Authorization Form.

- **Type of Credit Card: Visa / Master/ Amex/ Discovery/Other:** _____
- **Credit Card Number:** _____ **Expiration Date:** _____
- **Credit Card Verification Number/ Security Code (Three digit number):** _____

- **Cardholder's Last Name:** _____ **First Name:** _____ **MI:** ____
- **Billing Address: (If different):**

Street Address

City	State	Zip Code	Country

Cardholder's Signature: _____ **Date:** _____

EVERGREEN ACADEMY

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