



## Credit Card Authorization Form

Name of Student: \_\_\_\_\_

Name of Parent: \_\_\_\_\_

Name on the Card: \_\_\_\_\_

Type of Card: Visa  MC  Discover  |

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Security Code \_\_\_\_\_

Billing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Amount to be billed: \_\_\_\_\_

- Bill me once
- Bill my Credit Card once every month on \_\_\_\_\_ ( 1<sup>st</sup> – 5<sup>th</sup> )

By signing this form you authorize Happy Minds Kids Academy to charge your card for the amount listed above.

Please Note: Two (2) weeks' notice is needed if any changes or cancellations need to be made.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_