



Children of Light Academy



You authorize Children of Light Academy to regularly schedule charges to your credit card. You will be charged the amount indicated below each billing period. A receipt for each payment will be emailed to you and the charge will appear on your credit card statement. You agree that no prior- notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to payment being collected.

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information			
Card Type:	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA	<input type="checkbox"/> Discover
	<input type="checkbox"/> Other _____		<input type="checkbox"/> AMEX
Cardholder Name (as shown on card): _____			
Card Number: _____			
Expiration Date (mm/yy): _____			
Cardholder ZIP Code (from credit card billing address): _____			

I, _____, authorize _____ to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Child Name: _____

I understand that this authorization will remain in effect until I cancel in writing, and I agree to notify Children Of Light Academy in writing of any changes in my account or termination of this authorization at least 15 days prior to the next billing date. I Acknowledge that the origination of a credit card transaction to my account must comply with the provision of U.S law I certify that I am an authorized user of this credit card and will not dispute theses scheduled transactions, as long as the transaction correspond to the terms indicated in this authorization form.

Child Name: _____ Parent Name: _____

SIGNATURE: _____ Date: _____

(card holder signature)