Credit Card Authorization Form

Name of Student: _____

Name of Parent: _____

Name on the Card: _____

Type of Card: Visa ☐ MC ☐ Discover ☐ AmEx ☐

****ALL CREDIT CARD PAYMENTS WILL INCURR A 2.5% SERVICE CHARGE PER TRANSACTION.**

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 _____(1st – 5th)

By signing this form you authorize Happy Minds Kids Academy to charge your card for the amount listed above. It is also agreed that a 2.5% Service Charge will be incurred per transaction.
Please Note: Two (2) weeks' notice is needed if any changes or cancellations need to be made.

Signed: _____ Date: _____