



1713 Howard Street
St Charles IL 60174

2018-2019 Credit Card Payment Authorization Form

Please sign and complete this form to authorize Bridges Academy, Inc. to apply charges to your credit card listed below.

By signing this form you give Bridges Academy, Inc. permission and authorization for the following:

- Permission for my credit card to be charged on the 1st of each month of my chosen payment plan if I signed up for automatic payment.
- Permission for my credit card to be charged for tuition payments not paid by the 15th of the month of my chosen plan.
- I understand that there will be an additional 3.5% processing fee added to these transactions.

Please complete the information below:

I _____ authorize Bridges Academy, Inc to charge my credit card
(full name)

account indicated below for tuition payments as outlined above.

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Account Type: Visa MasterCard Discover American Express

Cardholder Name _____

Account Number _____

Expiration Date _____

CVV2 (3 digit number on back of Card)

SIGNATURE _____

DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above. I certify that I am an authorized user of this credit card and that I will not dispute the payments with my credit card company; so long as the transaction corresponds to the terms indicated in this form. Credit card payments will incur a processing fee of 3.5% per transaction.