



Credit Card Authorization Form
CARDHOLDER INFORMATION

One-Time & Recurring

Name: _____

Billing Street Address: _____

Street Address (cont.): _____

City: _____ State: _____ Postal Code: _____

Country: _____ Email _____

Address: _____

Direct Telephone: (_____) _____ - _____

Authorization Type

I authorize a one-time charge against my credit card for the follow amount \$ _____

I authorize a recurring charge against my credit card for the following amount \$ _____
on the 1st of each month for Tuition and any other Fees that apply to my account.

Charge Begin Date: ____/____/____ Charge End Date: ____/____/____

CREDIT CARD INFORMATION

Credit Card Type: MasterCard Visa American Express

Number: _____

Expiration Month: _____ Expiration Year: _____

Cardholder Signature X _____ Date ____/____/____

Security Code: _____

Print Name: _____ **Authorized Signature:** _____ **Date:** _____

THIS FORM WILL EXPIRE ON THE SAME MONTH & YEAR THE CREDIT CARD EXPIRES AND A NEW FORM MUST BE FILED WITH THE NEW CREDIT CARD INFORMATION.

Parents are responsible for notifying the accounting office of changes to the credit card information above.
Please return signed authorization form by fax or by mail to the number and address listed below or e-mail signed form to finance@ganaviv.com

This form will be used for your monthly credit card payments and will be kept on file in strictest confidences.
A monthly statement will be sent to the enrolling parent. This will allow the parent to review their statement and call us with any questions regarding the fees. A new credit card authorization form must be filed each school year.

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a One Time or Recurring Transaction, and does provide authorization for any additional related tuition fees.