



## Credit Card Authorization

**I authorize Academia Language School to charge my credit card for the amount of:**

\$ \_\_\_\_\_  
(U.S. Dollars only)

**Card Type:**

☐ Visa      ☐ Mastercard      ☐ Amex      ☐ Discover      ☐ Other

**Card Holder's Name:** \_\_\_\_\_  
(Print Name)

**Card Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

**3-Digit Security Code:** \_\_\_\_\_ (4-digit for Amex)

**Zip Code:** \_\_\_\_\_  
(Billing Address)

*By signing below, I authorize Academia Language School to charge my credit card above for the agreed upon amount. I understand that my information will be saved to file for recordkeeping purposes.*

**Signature:**

\_\_\_\_\_  
(Sign here to accept charge)

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

Revised on 02/2020