



CREDIT CARD AUTHORIZATION FORM

To pay by credit card, please fill out the following information and include it with your enrollment forms.

Amount to charge _____

Mastercard Visa American Express Discover

Card Number

CVV Code*

*For **Mastercard, Visa, Discover**, this is the 3 digit code on the **BACK** of your card on or above your signature line.
For **American Express**, this is the 4 digits on the **FRONT** above the end of your card number

Expiration Date ____ / ____
Month Year

Name on Card _____

Billing Address Street _____

City _____ State ____ Zip _____

Cardholder Signature _____