



## Credit Card Charge Form

**STUDENT NAME:** \_\_\_\_\_

CREDIT CARD INFORMATION			
Name On Card			
Card Type	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Discover
Card Number			
Expiration Date			
Card Security # (3-digit code on back of card)			
Amount to be charged	\$		
Please charge my card	<input type="checkbox"/> Every 2 weeks	<input type="checkbox"/> Every 4 weeks	
Statement delivery preference	<input type="checkbox"/> e-mail	<input type="checkbox"/> Hard Copy	

Debit card transactions require us to charge a \$2.00 flat fee per transaction. Credit card transactions require us to charge a 3% fee per transaction.

I am aware of the service fee(s) that will apply to each transaction.

Signature: \_\_\_\_\_