

THE  AUXILIUM SCHOOL
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CREDIT CARD AUTHORIZATION FORM FOR TUITION PAYMENTS

IF YOU WISH YOUR PAYMENTS TO BE TAKEN OUT AUTOMATICALLY THRU THE FINANCE OFFICE,
FOR THE AUXILIUM SCHOOL OR INFANT/TODDLER PROGRAM TUITION,
PLEASE COMPLETE THIS FORM AND RETURN IT AS SOON AS POSSIBLE.

For your convenience, we accept Visa, MasterCard and Discover. Please sign the authorized form below to allow us to process your payment by credit card, or to have it electronically withdrawn from your checking account, as specified below.

ORGANIZATION NAME: The Auxilium School

I, _____, authorize The Auxilium School to charge my credit card, or withdraw funds electronically from my bank account, for the product and/or services I have ordered.

NAME OF STUDENT: _____ **CLASS:** _____

Billing Address: _____

Town _____ State _____ Zip _____

Credit Card Information:

Card Type: Visa _____ MC _____ Discover _____

Card Number: _____ Expiration Date: _____

Banking Information:

Name of Bank: _____

Routing Number: _____

Account Number: _____

CARDHOLDER NAME (please print): _____

SIGNATURE: _____ **Date:** _____