



3221 Sand Lake Rd, Longwood, FL 32779 | Phone: (407) 869-8882 | Fax: (407) 637-5309 | www.pacebrantley.org

Recurring Credit Card Payment Authorization Form

Sign and complete this form to authorize Pace Brantley School to make recurring debit to your credit/debit card listed below. This form gives Finance Department at Pace Brantley permission to debit your account for the amount indicated (plus a 2% convenience fee) no sooner than the **1st of each month for the 2018-2019 school year**. This is permission for recurring payment(s) of one or all of the following; tuition, before/after care, or any other related fees to your child's account at Pace Brantley School.

Please complete the information below:

I _____ authorize Pace Brantley School to charge my credit/debit card account
(Full Name)

indicated below for _____ beginning on the 1st _____. This payment is for
*Amount (plus 2% Credit Card Convenience Fee) (Date)

(Student Full Name and Description of goods/services)

Billing Address _____ Phone Number _____

City, State, Zip _____ Email _____

Account Type: Visa MasterCard AMEX Discover

Cardholder Name _____

Account Number _____

Expiration Date _____

CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

By signing, I authorize the above named business to charge the credit/debit card indicated in this authorization form according to the terms outlined above. This payment authorization is only for the goods/services and the amount indicated above; **this is valid for use through 2018-2019 school year only**. I certify that I am an authorized user of this credit/debit card and agree that these charges will not be disputed with my Financial Institution or credit card company; so long as the transaction corresponds to the terms indicated in this form.

SIGNATURE _____

DATE _____