



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

### One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize Pace Brantley School to make a one-time 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) on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

#### Please complete the information below:

I \_\_\_\_\_ authorize Pace Brantley School to charge my credit card  
Full Name  
account indicated below for \_\_\_\_\_ on or after \_\_\_\_\_. This payment is for  
Amount (plus a 2% convenience fee) Date

\_\_\_\_\_  
Description of goods/services

Billing Address \_\_\_\_\_

Phone# \_\_\_\_\_

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 amount indicated above; **is valid for one time use 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 \_\_\_\_\_