



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 Preparatory 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 2022-2023 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 Preparatory.

**Please complete the information below:**

I \_\_\_\_\_ authorize Pace Brantley Preparatory to charge my credit/debit card account  
(Full Name)

indicated below for \_\_\_\_\_ **beginning on the 1<sup>st</sup>** \_\_\_\_\_. 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 2022-2023 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 \_\_\_\_\_