

# The Surreybrook School

## Credit Card Authorization Form

Please complete this form and return to us. You may complete in electronic form and e-sign and email back to us for print out, and complete in hard copy.

All information will remain confidential.

Cardholder Name: \_\_\_\_\_

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

Credit Card Type: \_\_\_\_\_ Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ Discover \_\_\_\_\_ AmEx

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Card Identification Number (last 3 digits located on the back of the credit card): \_\_\_\_\_

Amount to Charge: \$ \_\_\_\_\_ (USD) Weekly/Monthly \_\_\_\_\_

I authorize Surreybrook School to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement. I agree tuition payments will be charged, in full, on the Friday prior to services.

Cardholder – Print Name, Sign and Date Below:

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

Name: \_\_\_\_\_

**Once signed return the completed form to:**

**Surreybrook School/Attention: Cheryl Kane/Cheryl@surreybrook.com**