



LAURELBROOK
EST. A C A D E M Y 1950

Recurring Credit Card Payment Authorization Form

Sign and complete this form to authorize Laurelbrook Academy to make recurring debits to your credit card listed below.

By signing this form, you give us permission to debit your account for the amount indicated each month.

I, _____, authorize **Laurelbrook Academy** to charge my
(full name)

credit card account indicated below for _____ on the _____ of every month.
(amount) (day)

This payment is for _____.
(description of goods/services)

Billing Address: _____

City: _____ State: _____ Zip: _____

Cell# _____ Email: _____

Credit Card Info:

Cardholder Name: _____
Account Number: _____
Exp Date: _____ Security Code (CVV): _____

Signature: _____ Date: _____