

# Credit Card Payment Authorization Form



Sign and complete this form to authorize **Shepherd School of Language** to make a one time debit to your card listed below.

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## Please complete the information below:

I \_\_\_\_\_ authorize **Shepherd School of Language** to charge my card

(Full Name)

indicated below for \_\_\_\_\_

on or after \_\_\_\_\_

(Amount in USD)

(Date)

This payment is for \_\_\_\_\_

(Description)

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Credit Card Type:      VISA      MASTER

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

Account Number \_\_\_\_\_

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

CVV2 (3 digit number on back of card) \_\_\_\_\_

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

City \_\_\_\_\_

State \_\_\_\_\_

Country \_\_\_\_\_

Zip Code \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

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I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. I understand that a non-refundable 3% processing fee will be added to the total amount charged. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company as long as the transaction corresponds to the terms indicated in this form.