

# 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.