



Credit Card Authorization

I, _____, authorize Niagara Academy to charge the following payments to the

Credit card specified below beginning _____ and ending _____

Total amount authorized: _____

Payment Schedule:

1st Payment

2nd Payment

Date: _____ Amount: _____ Date: _____ Amount: _____

- Card Type: _____
- Name on Card: _____
- Expiry Date: _____
- Credit Card #: _____ V- Code: _____

This understanding is entered into by:

- Parents' Name: _____
- Address: _____
- Telephone #: _____

Acknowledged and signed by:

Parent Signature: _____

Date: _____