



Credit Card on File Information

Card Information:

Name of Cardholder: _____

Credit Card Number:

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Expiration Date:

| | | | | |
|--|--|---|--|--|
| | | / | | |
|--|--|---|--|--|

 Security Code (3 Digits on reverse):

| | | |
|--|--|--|
| | | |
|--|--|--|

Billing Address of Card: _____

Billing City, State and Zip: _____

Child(ren) Information as listed on Enrollment Form

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Agreement:

I understand that the North Star Academy LLC will automatically process payment once the account becomes 15 days past due. I further understand that the North Star Academy LLC will use the above credit card information to process past due tuition along with applicable late fees.

It is my responsibility to keep an updated and current credit card on file with the North Star Academy LLC at all times. I understand that should the credit card on file be declined that it is my responsibility to bring my account current for the child(ren) listed above to enable continued enrollment at the North Star Academy LLC.

Signature of authorized card holder

Date