

Monthly Credit Card Authorization

Card Information:

Name of Cardholder: _____

Credit Card Number:

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Expiration Date:

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 Security Code (3 Digits on reverse):

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Billing Address of Card: _____

Billing City, State and Zip: _____

Name as listed on enrollment form: _____

Monthly Tuition Amount: \$_____

(Monthly tuition is calculated as 52 times the weekly amount divided into 12 months.)

I hereby authorize the North Star Academy LLC to charge my credit card listed above on the **FIRST (first) business day of each month** for the amount listed above.

I understand that any previous balances are also due and may be subject to late fees as outline in the Enrollment Form and/or the Parent Handbook.

I understand that I may withdraw from automatic payments at any time and will be responsible for providing the North Star Academy LLC with a written notice at least 15 (fifteen) days PRIOR to the scheduled processing date.

I further understand that if I submit termination notice less than 15 (fifteen) days prior to processing that such termination shall not take effect until the following month.

Signature of authorized card holder

Date