

*Please use for credit card payments*  
**CREDIT CARD PAYMENTS**

*EASY PAY – AUTOMATIC BILL PAYMENT PROGRAM*

Student's Name/Names: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

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

Amount: \_\_\_\_\_

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

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

Credit Card Type:    Master Card    Visa    Discover    AmEx  
(Please circle one)

Card Holder's Name: \_\_\_\_\_

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

Would you like us to Keep your card on file for future payments?  
(Please circle one) YES    or    NO

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* I (we) hereby authorize you to initiate credit entries to my credit card account.

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Child Name \_\_\_\_\_

What is the payment for ? \_\_\_\_\_