



KING HEIGHTS ACADEMY
ACHIEVING EXCELLENCE TOGETHER

CREDIT CARD AUTHORIZATION & CONSENT FORM

Please fill out this form and email it to admissions@kingheightsacademy.com

CARDHOLDER INFORMATION

Name: _____

Billing Address: _____

Street Address (cont.): _____

City: _____ Prov: _____ Postal Code: _____

Country: _____ Email _____

Address: _____

Direct Telephone: (_____) _____ - _____

INFORMATION

Student Name: _____

I authorize a one-time charge against my credit card for the following amount \$ _____

I authorize a recurring charge against my credit card for the following amount

\$ _____ once every _____ day(s)/week(s)/month(s)/year(s) beginning

_____/_____/_____ and ending after _____ payments.

CREDIT CARD INFORMATION

Credit Card Type: MasterCard Visa

Number: _____

Expiration Month: _____ Expiration Year: _____

Cardholder Signature X _____ Date ___/___/___

Security Code: _____

Signing this, I acknowledge the charges described hereon and assume full responsibility for said charges and agree to honour and abide by the terms of payment.

Signature: _____

Date: _____