



Required

Student Name _____ Grade _____

Parent / Guardian Name _____



I hereby authorize the "Archimedean Academy Inc." to charge my credit card in the amounts stated and specified in the Registration Form(s) that I have submitted to Archimedean Schools or for one time charge for the item(s) described below.

- I understand that my credit card for monthly payments will be processed approximately between the 1st and 10th of each month.
- I understand that a sufficient balance and/or credit line must be maintained in my account to fulfill my monthly obligation.
- I understand that insufficient funds and/or denial of payment to Archimedean Schools will result in a \$25 service charge for each case of insufficient funds and/or denial of payment to Archimedean Schools, which will be deducted from my credit card.
- I understand that this authorization will remain in full force and effect until I notify Archimedean Schools in writing that I wish to revoke this authorization.
- I understand that Archimedean Schools requires 30 days prior notice in order to cancel this authorization.
- I certify that I am an authorized user of this credit card and will not dispute these scheduled transactions with my bank or credit card Company, as long as the transactions correspond to the terms indicated in this authorization form.
- I understand that payments to Archimedean Schools are applied to the oldest charges of the selected registration(s) first.

OPTION 1: RECURRING PAYMENTS

Please charge my Credit Card in the amount stated and specified in the registration form(s) submitted to Archimedean Schools

for School Year 20__ - 20__ as Follows:

WEEKLY <i>Summer Camp ONLY</i>	BI-WEEKLY <i>Summer Camp ONLY</i>	MONTHLY <i>All Other Payments</i>
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ACC	LUNCH	PRE-K	ATHLETICS
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You may select multiple registrations

OPTION 2: ONE TIME PAYMENT

One time charge for the items described here below.

Amount \$ _____
Fill amount only for one time charge

Item description _____

Describe the purpose of this on time payment

PLEASE SUBMIT ONE SIGNED CREDIT CARD AUTHORIZATION PER STUDENT VIA EMAIL TO: CASHIER@ARCHIMEDEAN.ORG

Type of Card VISA MASTERCARD AMEX DISCOVER

Name on Card _____

Credit Card # _____

Expiration Date ____ ____ Billing Zip Code _____ CVV# _____
MM YYYY

Phone Number _____

Credit Card Holder Signature _____ Date ____ ____ ____
MM DD YYYY