



AA AMC AUC PRE-K ACC LUNCH

## CREDIT CARD PAYMENT AUTHORIZATION FORM

*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.

**OPTION1: 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***Summer Camp ONLY***BI-WEEKLY***Summer Camp ONLY***MONTHLY***All Other Payments***ACC****LUNCH****PRE-K****ATHLETICS**

*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](mailto:CASHIER@ARCHIMEDEAN.ORG)

Type of Card **VISA** **MASTERCARD** **AMEX** **DISCOVER**

Name on Card \_\_\_\_\_

Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Billing Zip Code \_\_\_\_\_ CVV# \_\_\_\_\_  
*MM DD YYYY*

Phone Number \_\_\_\_\_

Credit Card Holder Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
*MM DD YYYY*