

CREDIT CARD AUTHORIZATION FORM

Please scan and email to ADMISSIONS@ECACADEMY.COM

EVELINE CHARLES
ACADEMY

Office Use Only (Do Not Complete)	
Student ID:	

Credit Card Authorization					
Payment Information (please print)					
Date:		Amount:			
Program:					
STUDENT Information (please print)					
Name:					
Address:					
City:		Province:		Postal Code:	
Email:					
Phone:		Cell:			
CREDIT CARD INFORMATION					
Cardholder Name:					
Credit Card #:					
Expiry Date:	Month:	Year:	Credit:	<input type="radio"/> Visa <input type="radio"/> MasterCard	CVV Code:
Signature:				Date:	

This information will be destroyed after the amount is processed. We do not keep credit card information on file, unless requested by the student or card holder.