AUTOPAY INFORMATION SHEET

STUDENT'S NAME_____

STUDENT'S ACCOUNT PHONE#_____

NAME(as appears on card)_____

ADDRESS(affiliated with card)_____

CITY, STATE, ZIP_____

PHONE#(affiliated with card)_____

EMAIL(for payment receipt)_____

TYPE OF CARD: MASTERCARD VISA DISCOVER

ACCT. # ON CARD_____

EXPIRATION DATE_____VERIFICATION#ON BACK OF CARD_____

DATE START AUTOPAY_____AMOUNT $_____4WK_____8WK_____

I VERIFY THE ABOVE INFORMATION IS CORRECT. I AGREE TO THE AUTOPAY CHARGES.

X_____X_____
SIGNATURE DATE

CARD UPDATE (IF APPLICABLE)_____COMPLETED BY_____(OFFICE USE ONLY)

Please fill out this form and return it to Summit Academy's office to enroll in the Autopay program. Thank you.