



The Sagemont School

**Charge Authorization Form**

Date: \_\_\_\_\_

Name of Student(s): \_\_\_\_\_

Grade(s): \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Security Code: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name as it appears on the credit card: \_\_\_\_\_

**Complete credit card billing address, including zip code:**

\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, authorize The Sagemont School to automatically charge my credit card for the amount of \$\_\_\_\_\_ for the non-refundable \_\_\_\_\_ for the student(s) listed above for the 2018 - 2019 school year.

Signature of Cardholder: \_\_\_\_\_