



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 2019-2020 school year.

Signature of Cardholder: _____