

EdBoost Learning Center

Monthly Credit Card Charge Authorization

Student Name: _____

I _____ authorize EdBoost Learning Center to charge my credit card for academic services to be rendered. I understand that monthly charges for my child(ren)'s tuition will be billed to this card around the first of each month (for the coming month's tuition).

_____ I understand that if I **do not** wish for my child to receive services in a month, I must cancel my student's enrollment by 9am on the last day of the prior month to avoid being charged. (For example, if I do not want my child to receive services in April, I must cancel by 9am on March 31.)

_____ I understand that if I cancel a class (with 24-hours notice), I will be credited for that class on my next month's invoice. If I discontinue tutoring, I will be refunded any balance on my account

My email address is: _____

My phone number is: _____

_____ I understand that I will receive an email on around the 25th of each month, telling me the amount that will be charged to my credit card for the following month's services.

CREDIT CARD TYPE (circle one): Visa Mastercard

CREDIT CARD # _____

EXPIRATION DATE _____

CARD CV2 # _____

NAME ON CARD _____
(As it appears on card)

BILLING ADDRESS _____

BILLING ZIP CODE _____

SIGNATURE

DATE