

Automatic Credit Card Billing Authorization Form

For automatic credit card billing, simply complete the Credit Card Information section below and sign the form. All requested information is required. We will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement.

Customer name: _____

I authorize Liahona Preparatory Academy to automatically bill my credit card for \$ _____ each month. Charges will be made on the 26th of each month.

Liahona Preparatory Academy accepts the following credit cards: **Visa, MasterCard, American Express and Discover.**

Credit card type: _____ Credit card number: _____
Expires: _____

Cardholders name: _____ Cardholder's Zip code _____

Signature _____ Date: _____

Automatic Check Authorization Form

Name on account: _____

Name of bank & address _____

I hereby authorize Liahona Preparatory Academy to issue a check from my checking account in the amount of \$ _____ for my monthly tuition. This will be done on the 26th of each month.

Routing Number _____ Account Number _____

Signature _____ Date _____

ATTACH VOIDED CHECK HERE.