

Card authorization form

I, _____, give permission to Capitol Language Services to charge
Buyer name Business name

my card for the following purchases. My card details will be stored in my profile and will only be used for approved purchases.

Amount authorized

Cardholder email

Product/service and name of your child(ren)

All fields required

Card information

Card type - **NO AMERICAN EXPRESS**

- MasterCard
 Discover
 VISA

Cardholder (Name on card)

Card number

Expiration date
(MM/YYYY)

ZIP code
(From credit card billing address)

Recurring payments information

Charge every:

Week **Month** Quarter Other _____

Charge on this date 1st of every month
(For example, the 1st of every month)

Payment amount

Product/service sold

The recurring payment can be canceled with at least a 30-day notice.

Terms of agreement

(For example, cancellations must be received 1 week prior to expected billing date)

Email receipts

Mail receipts to:

To cancel, contact: accounting@capitollanguageservices.com
(Name and email)

Customer signature

Date