



Credit Card Authorization Form

I (we) hereby authorize **Little Genius Academy, Inc. (LGAI)** to make charges to my Credit Card listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error.

(Name - PLEASE PRINT AS APPEARS ON CARD)

(Billing Address - PLEASE PRINT)

(Phone Number - PLEASE PRINT)

(Email - PLEASE PRINT)

Credit Type: Visa MasterCard Discover

Account Number:

Security Code: _____ Expiration Date: _____

I (we) hereby authorize LGAI to charge the indicated Credit Card for the delinquent tuitions payments plus \$50 late fee one calendar day after my payment due date. This authority will remain in effect until my (our) child/children will attend LGAI.

I (we) understand that in the event when my (our) Credit Card payment will be declined by the applicable financial institution, I (we) will be liable to LGAI for all amounts due to LGAI, as well as a "declined" transaction fee in the amount of \$50.

(Signature)

(Date)