



3221 Sand Lake Rd, Longwood, FL 32779 | Phone: (407) 869-8882 | Fax: (407) 637-5309 | www.pacebrantley.org

### Recurring Credit Card Payment Authorization Form

Sign and complete this form to authorize Pace Brantley Preparatory School to make recurring debit to your credit/debit card listed below. This form gives the Finance Department at Pace Brantley permission to debit your account for the amount indicated (plus a 2% convenience fee) no sooner than the **1st of each month for the 2023-2024 school year**. This is permission for recurring payment(s) of one or all of the following: tuition, before/after care, or any other related fees to your child's account at Pace Brantley Preparatory School.

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#### Please complete the information below:

I \_\_\_\_\_ authorize Pace Brantley Preparatory School to charge my credit/debit card account  
(Full Name)

indicated below for \_\_\_\_\_ **beginning on the 1<sup>st</sup>** \_\_\_\_\_. This payment is for  
\*Amount (plus 2% Credit Card Convenience Fee) (Date)

\_\_\_\_\_  
(Student Full Name and Description of goods/services)

Billing Address \_\_\_\_\_ Phone Number \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

Account Type:  Visa  MasterCard  AMEX  Discover

Cardholder Name \_\_\_\_\_

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) \_\_\_\_\_

By signing, I authorize the above-named business to charge the credit/debit card indicated in this authorization form according to the terms outlined above. This payment authorization is only for the goods/services and the amount indicated above; **this is valid for use through 2023-2024 school year only**. I certify that I am an authorized user of this credit/debit card and agree that these charges will not be disputed with my Financial Institution or credit card company as long as the transaction corresponds to the terms indicated in this form.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_