



STRATFORD SCHOOL AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS BY CREDIT CARD

I (we) hereby authorize Stratford School to initiate charges to my (our) VISA or MASTERCARD credit card indicated below for payment of tuition and other fees to Stratford School.

Credit Card (check one): ___ VISA ___ MASTERCARD	Your Name As It Appears On Credit Card:
Credit Card Number: _____ - _____ - _____ - _____	
Expiration Date: ___ ___ / 20 ___ ___ (month) (year)	Billing Zip Code: _____
Billing Street Address: _____	

This authority is to remain in full force and effect until Stratford School has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Stratford School a reasonable opportunity to act upon it.

Name(s) of Stratford Student(s):	
Name(s) of Parent(s) or Legal Guardian(s):	
Signature of Parent or Legal Guardian:	Date:
Signature of Parent or Legal Guardian:	Date:

IMPORTANT: Please complete this form in its entirety. Please also attach a photocopy of your credit card. At least one parent or legal guardian must sign and date the form.

Stratford School Use Only

Additional Information / Comments:	Student ID Number(s): _____ _____ _____
Administrator's Signature: _____	Date Rcvd: _____