



Nova Elm Academy (NEA)

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Email: admin@NovaElmAcademy.org

Website: www.NovaElmAcademy.org

CREDIT CARD AUTHORIZATION FORM

You may cancel this authorization at any time by contacting us. This authorization remains in effect until cancelled.

1. Student Name: _____ Grade _____
(first name) (last name)
2. Student Name: _____ Grade _____
(first name) (last name)
3. Student Name: _____ Grade _____
(first name) (last name)
4. Student Name: _____ Grade _____
(first name) (last name)
5. Parent/Guardian Name: _____
(first name) (last name)
6. Phone Number: _____ Email: _____

Payment Information

CHECK ONE:	<input type="checkbox"/> Debit Card	<input type="checkbox"/> Credit Card
AMOUNT	<input type="checkbox"/> \$ _____	
<input type="checkbox"/> One Time	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly

Credit Card Information

Card Type:	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa	<input type="checkbox"/> Discover	<input type="checkbox"/> AMEX	<input type="checkbox"/> Other
Cardholder Name (as shown on card):	_____				
Card Number:	_____				
Expiration Date (mm/yy):	_____	CVV:	_____		

I, _____, hereby authorize NEA to charge my credit card above for the agreed upon fees. I understand that my information will be saved to a file for future transactions on my account.

Signature

Date