Vatterott Educational Centers, Inc.

CREDIT CARD PAYMENT AUTHORIZATION

Student Information   ***Required**

*Student Name: _____

*Campus Location: _____

Student ID : _____

Cardholder Information   *** Required**

*Name as it appears on the credit card: _____

*Card Type: ☐ Visa   ☐ MC   ☐ Discover

*Card Number: _____   Exp. date: _____

*3-digit verification number: _____ (located on the back of the credit card)

*Address:
(where statement is mailed) _____
*City, State and Zip: _____

*Phone Number: _____

*Email Address: _____

Payment Information   *** Required**

*Payment Amount: $ _____   *No. of Payments: _____   *Payment Start Date: _____

*Frequency: ☐ One-Time Payment   ☐ Weekly   ☐ Bi Weekly   ☐ Monthly

*Signature of Cardholder: _____ *Date Signed: _____