



**Orange Coast Gakuen, Inc.**

P.O. Box 26042  
Santa Ana, CA 92704

**Card Payment Authorization Form**

Sign and complete this form to authorize **Orange Coast Gakuen, Inc.** to make a debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for tuition transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

**Please complete the information below:**

I \_\_\_\_\_ authorize **Orange Coast Gakuen, Inc.** to charge my credit card  
(full name)  
account indicated below.

The charge will occur: (check one)

- a) \_\_\_ once a month (3% fee will be added)      Amount: \_\_\_\_\_
- b) \_\_\_ every quarter      Amount: \_\_\_\_\_
- c) \_\_\_ every half year      Amount: \_\_\_\_\_
- d) \_\_\_ one time charge      Amount: \_\_\_\_\_

Please note for a, b, and c, charges will be processed on the first day of the month.

This payment is for tuition only during the \_\_\_\_\_ school year.

Billing Address \_\_\_\_\_ Phone# \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

Account Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover			
Cardholder Name _____			
Account Number _____			
Expiration Date _____			
CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____			

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.