



Growing the Future

Automatic Credit Card Withdrawal Authorization Form

I, _____ authorize Aspen Creek Academy and
First and Last Name

its affiliates to take out _____ each _____ from my
Amount Month/ Week/ Bi-weekly

credit card ending in _____.
Last four digits of account

I understand that payment will be taken out on Mondays, unless the Financial Manager specifies otherwise. I also understand that I am responsible for paying my account balance and that it is my responsibility to give Aspen Creek Academy updated information regarding my account as necessary. Furthermore, I authorize Aspen Creek Academy to make small changes to the amount taken out on my account for things such as vacation days used, discounts received, changes in schedule, and the like. If I have any discrepancies regarding my account I will contact Aspen Creek first.

Signature: _____ Date: ____/____/____

Print Name: _____