

Educational Success

Tutoring Services, LLC

24A Broad Street
Nashua, NH 03064
603-886-0825

DEBIT/CREDIT CARD AUTHORIZATION FORM:

All information will remain confidential

Name on Card: _____

Billing Address: _____

Card Type: (circle one) Visa Mastercard Discover AmEx Other (specify)

Card Number: _____

Expiration Date: _____ CVV Number: _____ (last 3 digits on the back of the card)

I authorize Educational Success Tutoring Services, LLC to charge the debit/credit card provided herein for tutoring services. I understand that payments may be executed on the day of the scheduled tutoring session. I understand that this authorization will remain in effect until I cancel it in writing. I certify that I am an authorized user of this debit/credit card and will not dispute these transactions with my bank or credit card company, so long as the transactions correspond to the terms indicated in the tutoring agreement.

Cardholder – Please sign and date

Signature: _____

Date: _____

Print Name: _____

Charges will be made as PayPal transactions and will appear on customer statements as ES Tutoring.