



CREDIT CARD AUTHORIZATION FORM

I, _____ hereby authorize *Discovery Services Group* to charge my credit card account in the amount of:

\$ _____ Invoice #: _____

Card Holder Information:

Name on the Card: _____ Child's Name: _____

Street: _____ City: _____ State: _____

Zip Code: _____ Telephone: (_____) _____ - _____ Email Address: _____

VISA MasterCard

Card Number: _____ Expiration Date: ____ / ____ CVV Code: _____

As the credit card holder, I also authorize **Discovery Services Group** to charge my credit card for future purchases verbally approved by me.

Authorization Valid Until: _____ / _____ Initials Here: _____

A 3% credit card fee will be charged in addition to the amount shown above. Cancellation for refund will be made in accordance with the cancellation policy as stated on our website.

Signature _____ Date _____

AUTOMATIC PAYMENT AUTHORIZATION FORM

I, _____ hereby authorize Discovery Services Group to charge my credit card account for invoices due. Payment will be taken the first day of each session that I'm enrolled. Invoices will be e-mailed to you prior to the beginning of each session for you records. The 5% pre-pay discount will apply to all Session invoices that are charged using this option.

This payment method will stay in affect unless we are notified differently. If at any time you wish to cancel this payment method you may do so by contacting us.

A 3% credit card fee will be charged in addition to the amount shown above.

Cancellation for refund will be made in accordance with the cancellation policy as stated on our website.

Signature _____ Date _____

Return / Fax completed form to: Fax # (805) 273-9517

Discovery Services Group 3353 Old Conejo Road, #103, Newbury Park, CA 91320 (805) 273-9516