



OFFICE USE ONLY
INVOICE #: _____
INITIALS: _____

2024-25 Payment Authorization Form

Parent's Last Name	First Name	Phone
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Student's Last Name	First Name
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Please select one:

[REDACTED] (INITIALS) I hereby authorize The Colburn School to charge the credit card or bank account listed below for the full tuition amount listed below. If selected, proceed to the signature and card information section.

OR

[REDACTED] (INITIALS) I am requesting that The Colburn School delays the charge on the credit card or bank account listed below, as I will pay my full tuition in-person or via an online payment through the student's billing statement. I acknowledge that if the tuition is not paid in full within 30 days of submitting this form, The Colburn School will charge the credit card or bank account listed below for the full tuition amount listed below.

Total Tuition including the registration fee*, if applicable: \$ [REDACTED]

*\$30 fee applied to all new enrollments beginning August 1, 2024 for fall and year-long enrollments or January 13, 2025 for spring enrollments.

NOTE: 2.99% service fee will be added for all debit/credit card payments. The service fee is NOT included in the amount listed above.

Additional Terms of Agreement: See reverse side of agreement.

I certify that I am an authorized user of this credit card or bank account and will not dispute these scheduled transactions with my credit card company or bank, so long as the transactions correspond to the terms indicated in this Agreement.

X

Authorization Signature	Print Name	Date
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The Colburn School is committed to protecting your privacy and complies with the California Consumer Privacy Act (CCPA). All personal and payment information provided will be handled in accordance with our privacy policy and applicable state laws.

CC TYPE*: VISA MASTERCARD DISCOVER

*2.99% service fee will be added for all debit/credit card payments. The service fee is NOT included in the amount listed in the section above.

Cardholder Name: _____

Credit Card No: _____ CVV: _____ Exp. Date: _____

Billing Address: _____

E-CHECK (Tuition can be paid via a free e-check option. The 2.99% service fee will not be charged for this option.)

Account Type: CHECKING SAVINGS BUSINESS CHECKING

Routing Number: _____

Account Number: _____

Additional Terms of Agreement:

1. If the credit card or bank account is declined when charged automatically after 30 days of non-payment, a **late fee of \$35** will be assessed. Additional late fees will be assessed on the 15th of each month if payment remains delinquent.
2. It is the responsibility of the cardholder or bank account holder to notify The Colburn School of any changes to the credit card or bank account such as expiration date, account number, etc.
3. In the event of any disputes or grievances related to the charges authorized by this form, the cardholder or bank account holder agrees to contact The Colburn School directly to resolve the issue before initiating a dispute with the credit card company or bank. The school will make reasonable efforts to address and resolve any concerns in a timely and fair manner.