



## Credit/Debit Card

### Automatic Payment Form

Student Name(s) \_\_\_\_\_

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Cardholder Name \_\_\_\_\_

Check One     Visa         Master Card         Discover

Card # \_\_\_\_\_ --- \_\_\_\_\_ --- \_\_\_\_\_ --- \_\_\_\_\_

Expiration Date        Month \_\_\_\_\_        Year \_\_\_\_\_

CVV # \_\_\_\_\_        House # \_\_\_\_\_        Zip Code \_\_\_\_\_

Tuition Total \$ \_\_\_\_\_

By signing below I authorize Swift Tigers Martial Arts Academy dba Villari's Self-Defense Center to charge my Credit/Debit card for the above noted fee. I understand it is my responsibility to notify Villari's of my intent to cease this agreement no less than 15 days in advance.

Signature \_\_\_\_\_

Date \_\_\_\_\_