

BEST Credit Card Payment Authorization Form 2025-2026



Student Legal Name _____ Date of Birth _____
Last First Middle Suffix (Jr., Sr., etc.) (mm/dd/yyyy)

You authorize regularly scheduled charges to your credit card. You will be charged the amount indicated below each billing period. A receipt for each payment will be provided, and the charge will appear on your credit card statement. No prior notification will be provided unless the date or amount changes, in which case you will be notified by email and verbally at least 10 days prior to the payment being collected. This authorization will remain in effect until the completion of the student's enrollment at BEST Skills Academy or until canceled in writing as outlined in the policy.

Payment Information:

Amount: \$ _____

Payment Frequency: Monthly

Payment Date: _____ day of each month

First Payment Date: _____

Billing Information:

Billing Address: _____

Phone #: _____

City, State, Zip: _____

Email: _____

Card Details:

Visa MasterCard Discover American Express

Cardholder Name: _____

Account/CC Number: _____

Expiration Date: ____ / ____

CVV: _____

Zip Code: _____

Contact Information:

BEST Skills Academy

28 Bolt Street

Greenville, SC 29605

864-977-1285

tuition@best-skills.org

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Withdrawal and Cancellation Policy:

Tuition payments are non-refundable except in the event of withdrawal as outlined in the BEST Skills Academy Withdrawal Policy. To cancel this authorization, parents must notify BEST Skills Academy in writing at least 15 days prior to the next billing date.

Acknowledgment:

By signing below, I authorize BEST Skills Academy to charge my credit card as outlined above and confirm that I have read and understand the BEST Skills Academy Withdrawal Policy.

Print Name: _____

Signature: _____
(Cardholder's Signature)

Date: _____

For School Use Only:

Received By: _____

Date Processed: _____

Please retain a copy of this form for your records.