# Freedom Preparatory Academy Public School
# Automatic Credit Card Billing Authorization Form
# ***BUS PAYMENTS ONLY***

To use automatic billing, simply complete and sign this Credit Card Information form. All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time by contacting us.

**Customer Information**:

_____ _____
Customer Name Email

_____ _____
Student(s) Name Phone

_____
Which bus are you riding? (North, South, Vineyard)

**Credit Card Information:**

Freedom Preparatory Academy accepts the following credit cards: **VISA, MasterCard, American Express, Discover.**

_____ _____ _____/_____
Credit card type Credit card number Expiration

_____ _____
Cardholder's name as shown on credit card Zip code from card billing address

_____ _____
Customer signature Date

**Payment Information**: I authorize Freedom Preparatory Academy to automatically bill the card listed above as specified:

| Category | Costs | | Monthly Amt | # of Payments |
|---|---|---|---|---|
| Bus | $40/mo $5 each add. | | | 9 |

TOTAL AMOUNT $_____

_____ Paid 1 month at sign up. Amount $_____ ☐ cash ☐ check ☐ cc

Start billing on: 9/15/2025 End billing:_____

OR Customer provides written cancellation

| August | September | October | November | December | January | February | March | April | May |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |