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) Address, City, Zip code

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: 5/15/2026 (or paid in full)

OR Customer provides written cancellation

August	September	October	November	December	January	February	March	April	May