



American Academy of Strategic Education

28892 Marguerite Pkwy #260
Mission Viejo, CA 92692
(949) 371-5785

Payment Authorization Form

Total Amount Due: \$ _____

Payment Option: One-Time Payment 2 Payments 9 Monthly Payments

Will you be using charter funds? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please fill in the Charter Rep information box below.
My Charter School Information My Charter School: _____ My Charter Rep: _____ Phone Number: _____ Email: _____
Allocated Charter Funds Amount: \$ _____ Remaining Balance After Using Charter Funds: \$ _____
Please have P.O. Number ready from charter school 10 days before class, by August 31 st .

Regardless of charter fund allocation, I commit to paying the full amount of tuition owed, and I authorize American Academy of Strategic Education to charge my credit card account indicated below to discharge any remaining debt.

I have read and understood the statement above.

Signature: _____ Date: _____

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Account Type:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> AMEX	<input type="checkbox"/> Discover
Cardholder Name	_____			
Account Number	_____			
Expiration Date	_____			

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the amount indicated above only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.