AUTOMATIC CREDIT CARD CHARGE AUTHORIZATION FORM

I hereby authorize **Easy Draft**, as agent on behalf of Nobel Learning Communities, Inc., to initiate periodic charges to my credit card as identified below, for amounts owed to Nobel Learning Communities, Inc. for all invoices generated during its billing cycle.

<u>**Customer Information**</u>

Student(s) Name(s): _____

Name of Parent or Guardian: _____

Billing Address:

_____

City: _____ State: _____ Zip:_____

Phone #: _____ Work #: _____

Billing Email: _____

Credit Card Type (Circle One):   Visa   MasterCard   Discover Card

Name of Cardholder: (print exactly as it appears on the credit card):

_____

This authorization is to remain in full force unless revoked or altered. In the event I wish to revoke or alter this authorization, I may do so **only** by providing written notice to my Nobel Learning Communities school no later than 30 business days prior to the effective date of such revocation or authorization.

- I acknowledge that it is my responsibility to notify my Nobel Learning Communities school if my credit card expires, and to provide the updated information. Failure to update information could result in late charges and other penalties in accordance with the provisions stated on the Tuition Agreement.

- I understand that all of the payments authorized above represent payment in advance of services rendered.

- I understand that Easy Draft will be adding a 2.0% convenience fee to the amount that is charged to my credit card. This fee is payable to the processor and is not applied to any amount due to Nobel Learning Communities, Inc. The convenience fee may change with 30 day notice.

I hereby attest that the above information is correct.   I understand and agree to all provisions of this authorization form and I agree that I will pay for services rendered in accordance with the issuing bank cardholder agreement.

_____   _____
                         Signature   Date