



# ARMY & NAVY ACADEMY

## Credit Card Authorization Form

Cadet Name: \_\_\_\_\_ Cadet I.D.: \_\_\_\_\_

### Incidental Account

All families are required to have a valid current credit card number on file. This account will be charged for school related fees incurred by the student during their time on campus. These fees may be related, but not limited to the following: required and optional fees as listed on the Tuition and Fee Schedule, incurred Health Center charges, testing, clubs, visual & performing art fees, transportation expenses, school trips, weekend activities, late fees and room damages. If the incidental account falls below \$50, I **authorize** my account to be charged the amount needed to bring the account balance back up to the required balance. If I fail to replenish the account, I understand that my Cadet's account will be placed on hold.

### Cadet Store/Canteen

All families are required to have a valid, current credit card number on file. This account will be charged for purchases and or services incurred by the student in the Cadet Store or Recreation Hall Canteen during their time on campus. These fees may be related, but not limited to, books, uniforms, haircuts, Cadet Store convenience store items, Chromebook issue and Recreation Hall Canteen purchases. I **authorize** my account to be charged up to **\$4,800** for the initial issuance of books, uniforms, and linens. If the Cadet Store/Canteen account requires replenishment, I **authorize** the account listed below to be charged. If I fail to replenish the account, I understand that my Cadet's account will be placed on credit hold.

### Billing Information

Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Card Type:  MasterCard  VISA  Discover  Amex Last Four Digits: \_\_\_\_\_

**\*Please call our office to provide full card details**

**I authorize Army and Navy Academy to charge my card for fees above, related to the student named above.**

Print Cardholder's Name (as appears on card):

\_\_\_\_\_

Cardholder's Signature (Required)

\_\_\_\_\_ Date \_\_\_\_\_

**\*For your protection please only fill out full details below if faxing the form, otherwise call us to provide over the phone.**

### **Payment Method**

Credit Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV: \_\_\_\_\_