

Payment Option Plan

Credit Card Authorization Form

Name: _____

Credit Card #: _____

Exp Date: _____ CVV: _____ Zip Code: _____

I, _____ give permission to NEAS to charge my credit card on a weekly or monthly basis in the amount of _____ or a one time charge of _____ for _____. I also acknowledge if payment can not be processed/honored a late fee of \$35.00 may apply. If this should happen I also acknowledge a credit card purchase fee of 3% on amount to be charged will be added to all future charged totals. All charges will be processed on Fridays unless specific date is specified below.

Credit Card Holders Signature: _____

Credit Card Holders Printed Name: _____

Date: _____

Email Address: _____

Payment Option Agreement Additional Notes:

Director's Approval Signature: _____ Date: _____