



Credit Card Authorization

All Resident Students are required to provide Credit Card Information

Your credit card information will be kept on file for our Health Center in the event that there is a need for medical treatment, co-payments, and/or prescriptions. All doctor's charges, hospital bills, pharmacy bills, etc., will be sent directly to the parent responsible for paying bills. Parents will be responsible for the balance and co-pay's not covered by insurance, and for filing claims with insurance companies.

If a credit card is not on file, families will be required to pay a \$1,000.00 deposit for any medical services incurred.

Your credit card will also be kept on file by our Business Office, which will be used for miscellaneous expenses incurred by the student that will be recorded on the student's account. Any services provided by an outside source will be billed at cost plus a 10% fee capping at \$25.00 to the student's account.

This credit card authorization **is not** for the Student's personal account (spending money). The personal account must be established in the form of cash or check at the time of registration, or it may be sent in ahead of time.

Student Name: _____

Grade in Fall: _____

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Card type: Visa: _____ Mastercard: _____

Name as it appears on the card: _____

Street Address: City, State, Zip Code: _____

Credit Card # _____ Expiration Date: _____

Validation Code (off back of card): _____

Signature of Authorization: _____