

Westwood Schools d/b/a Camilla Schools, Inc.

Authorization Agreement for Charge Card Payments.

I _____ authorize Camilla Schools to initiate debit entries to my _____ card number _____.

The expiration is _____ and the verification code is _____.

Check one:

- The debit is to be done on the _____ of each month starting in _____ and ending in _____ in the amount of _____.
- A one time debit/ charge is to be done on the _____ date in the amount of _____.

Signature (Date)

Please attach a copy of your card.