



ACADEMIC ASCENT

AUTOPAY ENROLL

Please complete all fields. You may cancel this authorization at any time by contacting us.
This authorization will remain in effect until cancelled or services are terminated.

Cardholder Name: _____
(as shown on card)

Cardholder Zip Code: _____
BILLING ZIP CODE

Credit Card Type: _____ VISA _____ MasterCard
_____ Discover _____ American Express

Credit Card Number: _____

Expiration Date: ____/____

Card Identification Number (3 or 4-digit security code): _____

I, _____, authorize Academic Ascent LLC to charge the credit card above for agreed upon services/purchases. I understand that my information will be saved to file for future transactions on my account.

Cardholder – Sign & Date Below:

Cardholder Signature: _____

Date: _____

Email address for receipt: _____