



ACADEMIC ASCENT

RECURRING CREDIT CARD AUTHORIZATION FORM

Please complete, sign & return a copy of this document to admin@academic-ascent.com.
All information will remain confidential.

Cardholder Name: _____
(as read on the card)

Billing Address: _____

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

Credit Card Number: _____

Expiration Date: ____/____

Card Identification Number (3 or 4-digit security code): _____
If you prefer, you may leave this item blank and text your code along with your name to: (425) 341-5330

I, _____, authorize Academic Ascent LLC to charge the amount of my monthly invoice plus processing fee to my credit card provided herein on or around the 5th of each month. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement. I attest that I am the authorized user of this credit/debit card.

Cardholder – Sign & Date Below:

Signed: _____

Dated: _____

I understand that this authorization will remain in effect until I notify Academic Ascent LLC in writing to cancel my authorization. I agree to notify Academic Ascent LLC of any changes or updates to my payment information at least 5 business days prior to the next payment authorization period (billing date).