



Lone Star Leadership Academy Payment Authorization

Student Name: _____

I authorize Education in Action to charge my payment method indicated below in the amount of \$_____ in payment for the above-named student's Lone Star Leadership Academy tuition.

In the case of this payment transaction being declined/rejected for Non-Sufficient Funds (NSF) I understand that Education in Action may at its discretion attempt to process the charge again within 30 days. I certify that I am an authorized user of this checking account/credit card/debit card and will not dispute this transaction, so long as the transaction corresponds to the terms indicated in this authorization form.

Signature _____

Date _____

Payer Name _____

Daytime Phone _____

Email _____

Method of Payment

____ **Checking Account** (no additional fee)

Routing Number _____

Account Number _____

____ **Credit/Debit Card** (2.8% convenience fee will be added to amount of payment)

Card Number _____

Expiration Date _____

Billing Address _____

City _____ State _____ Zip Code _____