



## 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** (2.4.% convenience fee will be added to amount of payment)

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_