



HAYUTIN & ASSOCIATES

tutoring • test prep • independent study • educational therapy

Credit Card Authorization

I, the undersigned, hereby authorize Hayutin & Associates, Inc. (Merchant) to keep my signature on file and to charge my Visa or MasterCard on a biweekly basis for any and all tutoring, test preparation, educational therapy, or independent study services rendered in connection with my child, _____ . I have read the Company Guidelines provided to me, understand the terms, including the 24 hour cancellation policy, and agree to pay in full for educational services rendered to my child.

Child's Full Name: _____

Credit Card Type: _____
 Visa or MasterCard Only

Credit Card Number: _____

Expiration Date: _____
 Month Day Year

CVV2 code: _____
(last 3 digits on back of card)

Billing Address:

_____ Street City Zip

Parent or Legal Guardian's Name as it Appears on Credit Card:

Signature of Parent or Legal Guardian:
