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## Authorization Form

### Credit Card

Name on Card: \_\_\_\_\_

Credit Card Type: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ CVV: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
Street Address Apt#

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

### Checks/E-Checks

Name on Check: \_\_\_\_\_

Account Number: \_\_\_\_\_ Routing Number: \_\_\_\_\_

Check Number: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
Street Address Apt#

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

I have read and agree to the terms and conditions. I am the holder of the card/checking account and I authorize the charges for Online High School Education delivered by Forest Trail Academy, LLC.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_