

# CREDIT AUTHORIZATION FORM

USD 320 Wamego Public Schools 1008 8<sup>th</sup> Street Wamego, KS 66547

Wamego Technology Center

Wamego High School Room 204 801 Lincoln Wamego, KS 785-458-7808

I, \_\_\_\_\_, hereby authorize USD 320 to charge my credit/debit card as listed below for enrollment fees for the student listed below:

Student Name: \_\_\_\_\_

Indicate which type of student you are:

\_\_\_ Seeking high school diploma through Tech Center Virtual Program \$100

\_\_\_ I am enrolled in Wamego High School and am making up summer credits for WHS \$100 for as many credits as you wish to take

\_\_\_ I am enrolled in another high school and am making up credits for that school \$150 per .5 credit

**Grand Total to be charged:** \_\_\_\_\_

> ~~Side~~ Card Type: Visa Mastercard *we do NOT accept Discover Cards*

Name as it appears on the card: \_\_\_\_\_

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

Expiration Date: \_\_\_\_\_ 3-digit code on back of card: \_\_\_\_\_

Card Holder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Type your name to sign*

Card Holder's Address as it appears on billing statement:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Card Holder's Current Phone Number: \_\_\_\_\_