



PAYMENT FORM

Please list all student names and classes associated with this payment:

Student Name(s)	Class(es)	Monthly Tuition	Material/Uniform Fee	Registration Fee
1.				
2.				
3.				
4.				
5.				
Totals:				

I would like to help scholarship local students by making a small donation!

Amount: \$36 \$20 \$10 \$5 Other _____
 Monthly Donation One Time Donation

Payment Options: 1. In full using: cash check credit/debit card
2. Monthly Autopay using: credit/debit card
(additional \$2.50/month processing fee will apply with monthly auto payments)

I (Parent/Guardian) _____ authorize Empower Humanity to charge my debit/credit card for class fees as well as other associated cost (i.e. voluntary donation, costumes, materials, fees, etc.). I understand that an auto payment will occur on the **1st day of each month** for the class term.

TOTAL INITIAL PAYMENT: _____ MONTHLY PAYMENT: _____

DEBIT/CREDIT CARD TYPE: _____

DEBIT/CREDIT CARD #: _____

EXPIRATION DATE: _____ CVC: _____

BILLING ADDRESS: _____

NAME AS IT APPEARS ON CARD: _____

CARD HOLDER SIGNATURE

DATE

***Please email, mail, or give this form to an instructor or office staff at the time of enrollment.**