

**EDUCATION, ANYTIME, ANYWHERE**



**EDUCATION, LEAVING NO STUDENT BEHIND**

10 Pidgeon Hill Drive, Suite 70 Sterling, VA 20165  
703-433-0805, fax: 703-433-0378

## Automatic Recurring Credit Card Payments

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

\$\_\_\_\_\_ to be charged immediately (one time charge).

\$\_\_\_\_\_ to be charged monthly on the \_\_\_\_\_ day of each month or the preceding business day if that date falls on a weekend or holiday.

Please bill my: **MasterCard** or **Visa** (Circle One)

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Cardholder's Address: \_\_\_\_\_

Street: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

**Please read the following agreement very carefully. By signing this application, you agree to the following terms:**

I (we), the undersigned, hereby authorize ED Anywhere, LLC (hereinafter called the "COMPANY") to initiate credit/debit charges to my (our) account as described above and authorize the above mentioned financial institution to charge/debit the same to such account.

If the financial institution denies the charges for any reason, my (our) account with COMPANY will be immediately suspended until I (we) provide an alternative form of payment.

I understand that the amount of the credit/debit charges to my (our) account may be lower than the amount stated above if my invoice amount is lowered due to a change in the number of classes being taken. At no time will the amount of the credit/debit charge be higher than the amount stated above.

This authorization is to remain in full force and effect until the underlying obligation has been satisfied or until I (we) provide COMPANY written notification of its termination. This authorization will automatically renew each contract year without written consent from the account holder.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name (s): \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_