

HAWAIIAN MISSION ACADEMY KA LAMA IKI

1415 Makiki Street, Honolulu, Hawaii 96814 (808) 949-2033 Office (808) 955-2509 Fax www.kalamaiki.org

AUTOMATIC PAYMENT AUTHORIZATION ACH VISA/MASTERCARD CHARGE

I/We hereby authorize Hawaiian Mission Academy Ka Lama Iki, hereinafter called COMPANY, to charge my/our () VISA () MasterCard.

I/We understand that these charges will include tuition, fees supervision, meals, and/or other school charges equal to the amount stated on my/our monthly statement. Monthly charges will post on the 15th of each month, or the following business day if the 15th falls on a weekend or holiday.

CREDIT CARD # _____

EXPIRATION DATE _____ CVVN # _____
(last 3 digits on the back of your card)

CHARGE START MONTH (MO/YEAR) _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and Card Holder(s) a reasonable opportunity to act on it.

PRINT CARD HOLDER NAME(S) _____

ADDRESS _____

PHONE _____ EMAIL _____

STUDENT NAME(S) _____ DATE _____

SIGNATURE _____

SIGNATURE _____

NOTE:

1. I/We also authorize adjustment entries in the event of erroneous transactions to my/our account.
2. All written credit card authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.