



Credit Card Authorization Form

I, _____, give Compass Educational Services permission
(print your name)
to charge my credit card for tutoring services. My credit card details will be stored in
my profile and will be used only for approved purchases.

Card information

Card Type (please circle)	_____	
AMEX	Cardholder (name on card)	
Discover	_____	
MasterCard	Card Number	
Visa	Expiration date (MM/YYYY)	CVC

	ZIP code of billing address	

Compass Educational Services will bill your credit card automatically after each session and send a receipt to the email noted below.

Please refer to our Payment Policy for our cancellation and no-show fees.

Cardholder's email

Signature

Date