



CREDIT CARD AUTHORIZATION FORM

Date Processed _____

I _____ authorize The Cooke School and Institute to
(NAME PLEASE PRINT)

charge my credit card for my child _____ . Not to exceed the amount shown below.

REASON :

- Deposit \$5,000.00
- Tuition payment _____ One Time Charge
- Monthly Payment of \$ _____ for _____ # of Month(s).
- I will notify the 475 Office before the 5th of every month to charge the card below.
- Afterschool - Program: _____ Amount: _____
- Other, please describe. _____

AMOUNT \$ _____ USD. (OFFICE: ATTACH RECEIPT)

CREDIT CARD TYPE _____ (Visa, Master Card, AmEx, Other) _____

CREDIT CARD # _____ CARD CV2 # _____ (3 or 4 digit security code)

EXPIRATION DATE _____

BILLING ADDRESS _____

BILLING ZIP CODE _____

NAME ON CARD _____
(As it appears on card)

SIGNATURE

DATE

EMAIL ADDRESS TO RECEIVE AUTOMATED RECEIPTS _____

FAX OR MAIL TO:
COOKE SCHOOL AND INSTITUTE
475 Riverside Drive, Suite 730
New York, NY 10115
(212) 280-4473
(212) 280-4477 fax

DO NOT WRITE BELOW. OFFICE USE ONLY
