



Orton Gillingham Reading Specialists

Learn to Love to Read

Credit Card Authorization Form

Please complete the information below:

I _____ authorize Orton Gillingham Reading Specialists to charge my credit/debit card for monthly tutorial invoices. I understand that I will receive a receipt by email for each payment and that I will be notified of the amount due before the transaction is processed.

Signature _____

Billing Address _____

City, State, ZIP _____

Email address _____

Portion below the dotted line will be shredded immediately after recurring account data is entered into Payment System.

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Account Type: Visa MasterCard Amex Discover

Cardholder Name _____

Account Number _____

Expiration Date _____

Card Verification Value (CVV) _____