



**ADD/CHANGE IN PAYMENT FORM**

Parent Name \_\_\_\_\_ Student Name \_\_\_\_\_

**DESCRIPTION OF CHANGES**

**I NEED TO** (Select one or more) :

- ☐ Put a new card on File
- ☐ Update an address, expiration date, or CVV of a card currently on file\*
- ☐ Make a one-time payment only. Do not file.
- ☐ Pay a new student registration fee. Do not file. *(For prospective enrollments only).*

**THIS PAYMENT IS FOR** (Select one or more) :

- ☐ All purposes
- ☐ A specific program only. [List Program(s)] \_\_\_\_\_
- ☐ Other. (List) \_\_\_\_\_

**CREDIT CARD INFORMATION**

*\*If updating an address, expiration date, or CVV ONLY, all other fields may be left blank. Please sign to confirm the changes below.*

Name on Card \_\_\_\_\_

Cardholder Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Credit Card Type (Choose One)    ☐ VISA    ☐ MASTERCARD    ☐ AMERICAN EXPRESS    ☐ OTHER

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVV \_\_\_\_\_

Address (if different from student): \_\_\_\_\_

**BY SIGNING THIS DOCUMENT, I AUTHORIZE MAINSPRING ACADEMY, INC. TO CHARGE MY CREDIT CARD FOR THE PURPOSES INDICATED ABOVE. I ACKNOWLEDGE THAT ALL CREDIT CARD TRANSACTIONS AT MAINSPRING ACADEMY ARE SUBJECT TO A 3% CONVENIENCE FEE. I UNDERSTAND THAT THE INFORMATION PROVIDED IN THIS FORM IS GOVERNED BY THE SAME POLICIES AND PROCEDURES OUTLINED IN THE BILLING AUTHORIZATION FORM INCLUDED IN MY CHILD'S ENROLLMENT PACKET.**

Signature \_\_\_\_\_ Date \_\_\_\_\_ Printed Name \_\_\_\_\_