



Hawaiian Mission Academy K-8
1415 Makiki Street Honolulu, HI 96814 (808) 949-2033 www.hmeischool.com
AUTOMATIC PAYMENT AUTHORIZATION
CREDIT CARD

I (we) hereby authorize HAWAIIAN MISSION ACADEMY K-8, herein called Company, to charge my/our ()VISA ()MasterCard (select one).

I understand that these charges are for tuition and/or supervision, meals, and other school charges equal to the amount stated on my/our monthly statement for 2009-2010 school year. These monthly charges will be done on the 15th of each month or the following business day, if the 15th falls on a weekend or holiday.

CREDIT CARD NO. _____

EXPIRATION DATE _____ CVVN NO. _____
(last 3 digits on the back of your card)

CHARGE START MONTH _____

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.

CARD HOLDER NAME(S) _____
(Please Print)

ADDRESS _____

STUDENT/ACCOUNT NUMBER _____ 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.