CREDIT CARD AUTHORIZATION FORM

For Tuition, Fees, and Approved Payments

Please print clearly. Submit this form only through a secure method approved by Healthcare Resources.

STUDENT AND CARDHOLDER INFORMATION

Student Name: _____ **Student ID / Cohort:** _____

Cardholder Name: _____ **Relationship to Student:** _____

Billing Address: _____ **City / State / ZIP:** _____

Phone: _____ **Email:** _____

PAYMENT AUTHORIZATION

Payment For (course/fee): _____ **Amount Authorized: $** _____

Charge Date: _____ **Invoice / Account No.:** _____

Card Type: ☐ Visa ☐ Mastercard ☐ Discover ☐ American Express

Card Number: _____ **Expiration (MM/YY):** _____

Security Code (CVV): _____ **Billing ZIP Code:** _____

Payment option: ☐ One-time payment ☐ Installment payment(s) according to the written schedule below

Installment dates and amounts (if applicable): _____

CARDHOLDER AUTHORIZATION AND CHARGEBACK ACKNOWLEDGMENT

1. I authorize Healthcare Resources to charge the card identified above for the amount and purpose stated on this form, including any installment payments specifically listed above.
2. I confirm that I am the authorized cardholder or have lawful authority to use this card, and that the billing information provided is accurate.
3. I understand that enrollment, attendance, withdrawal, cancellation, refund, and payment obligations are governed by the signed enrollment agreement and Healthcare Resources policies. This authorization does not change those terms.
4. Before initiating a chargeback or payment dispute, I agree to contact Healthcare Resources promptly and make a good-faith effort to resolve the concern. A chargeback does not automatically cancel a valid balance owed under the enrollment agreement or applicable policy.
5. I understand that Healthcare Resources may provide this authorization, the enrollment agreement, attendance records, invoices, communications, and other relevant documentation to the card issuer or payment processor in response to a dispute.

Cardholder Signature: _____ **Date:** _____

Printed Name: _____ **Authorized Staff Initials:** _____

SECURITY NOTICE: Do not send this completed form by ordinary email or text message. CVV information must not be retained after payment processing.