

Summer 2024

CREDIT CARD AUTHORIZATION **FORM** (Optional)

DATE			
charge my credit		mp registration and	Academy of Georgia to distance
	CHARGED \$ ninistrative fee for al		(* Please note there sactions)
Credit Card type	MasterCard —	Visa American	Express Discover
Credit Card Num	ber		
Expiration Date			
Billing Address _			
		street)	
_	(city	y, state, zip)	
Name as it appe	ars on Card		
Print Name	Ş	Signature	