



NEW YORK FENCING ACADEMY
2896 W 12th Street, Brooklyn, NY 11224
(718) 996-0426 info.nyfa@gmail.com

PAYMENT / CC AUTHORIZATION FORM

Student Name: _____

Parent Name: _____

Address: _____

Phone: _____ Email: _____

PAYMENT / CC AUTHORIZATION:

1. Payment enclosed: \$ _____ Today's date: ____/____/____
for: _____

Check enclosed payable to: **NYFA Group Inc.**

Charge my credit card: AX MC V DC

CC#: _____

Cardholder name: _____

Exp: ____/____ CVC: _____ Zip code: _____

2. Credit Card Authorization to charge remaining balances to my credit card on the due date:

I authorize NYFA to charge \$ _____ on ____/____/____

for: _____

Authorized signature: _____

Additional Instructions:
