



NEW YORK FENCING ACADEMY
 2702 W15th 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: _____

* Our payment agent charges a 3.5% processing fee for credit card transactions. This will be included in the total charge. NY Fencing Academy does not receive any portion of this processing fee.

Authorized signature: _____

Additional Instructions:

