



**2010 Credit Card Agreement Form
PLEASE PRINT**

Credit Card Type

Child name(s): _____

- VISA
 MASTERCARD
 DISCOVER
 AMERICAN EXPRESS
 OTHER _____

Name on Credit Card _____

Billing Address _____
(Must include _____
Zip Code) _____

Credit Card Number _____

Exp. Date _____

I authorize PSA to charge my credit card account on the payment due date for any type of billing method (there will be a \$3.00 transaction fee), or for any outstanding balance on my account. PSA requires a 30 day written notice to withdraw from any billing method. Without a written notice my credit card will be billed automatically on the current billing cycle and the amount is non-refundable. Please sign next to your billing option.

Please select one of the following payment options:

_____ **Monthly** – Automatic payment for the upcoming month
Signature & Date

_____ **Single Package Billing** – A one time payment for either
Signature & Date 12 week or 24 week package

_____ **Perpetual Package** – Automatic payment every 12 or
Signature & Date 24 weeks (depending on package selected)