



### Credit Card Authorization Form

Sign and complete this form to authorize Cybertek to make a recurring debit to your credit/debit card listed below.

By signing this form, you give us permission to debit your account for the monthly amount indicated on Contract. This is permission for multiple transactions.

Name on the Card: \_\_\_\_\_

Type of Card: ☐ Visa ☐ MC ☐ AmEx ☐ Discover ☐ Other \_\_\_\_\_

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Security Code \_\_\_\_\_

Billing Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Please put your initials below.

\_\_\_\_ I acknowledge that there will be 3% processing fee for any Credit/Debit Card transactions, which is non-refundable.

I authorize the above-named business to charge the credit/debit card indicated in this authorization form according to the terms outlined above. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

Address: Cybertek School  
7925 Jones Branch Dr #3300, McLean, VA 22102  
Email: [accounting@cybertekschool.com](mailto:accounting@cybertekschool.com);  
Website: [www.cybertekschool.com](http://www.cybertekschool.com)