



CEDAR HILL PREP SCHOOL

152 Cedar Grove Lane, Somerset, NJ 08873

TEL : 732-356-5400

FAX : 732-356-5409

www.cedarhillprep.com

Authorization Agreement for Automatic Withdrawal of Funds

Student(s) Names:

Name (as it appears on your bank account - Please Print).

Billing Address

City

State

Zip Code

Credit Card Number

Exp Date

CCID

Type of Card

Mastercard

Visa

Discover

American Express

I authorize Cedar Hill Prep School and Quickbooks to process monthly credit card charges. This authorization will remain in effect until I give reasonable notification of its termination.

Authorized Signature

Date
