



Family Last Name(s): _____



2023-2024 Credit Card Tuition Payments Form

Please return this form BEFORE School Starts

Please indicate your preference for your tuition payments for the 2023-2024 school year. Return this form to the San Jose Finance Office via paper copy or scan and email the form to: varshah@secondstart.org. All families must SIGN and return this credit card payment plan agreement, even if you are repeating the same method from the previous school year. Please complete all fields. You may cancel this authorization at any time by contacting us 7 days in advance of payment date. This authorization will remain in effect until canceled.

Cardholder Name: _____

Student Name(s): _____

Billing Address: _____ City, State, Zip: _____

Phone: _____ Email: _____

Credit Card Information

Card Type: MasterCard VISA Discover AMEX

Card Number: _____

Expiration Date (mm/yy): _____

Security/Verification Code: _____

Billing Address (if different from above): _____

2023-2024 Annual Tuition is \$11,000 (select payment schedule):

11-months – first payment of \$1,000 or (specify amount): \$_____ in **August 2023**, last payment in **June 2024**

Payment on: 1st of Month or 10th of Month or 20th of Month or Other: _____

12-months - first payment of \$916.67 or (specify amount): \$_____ in **August 2023**, last payment in **July 2024**

Payment on: 1st of Month or 10th of Month or 20th of Month or Other: _____

Other payment – Amount: _____ Charge on (enter date): _____ Frequency: _____
Description: _____

I authorize Second Start Learning Disabilities Programs to charge my credit card above. I understand that my information will be saved for future transactions on my account.

Cardholder Signature: _____ **Date:** _____

Questions? Contact the San Jose Finance Office at 408.979.8210 x211 or x210 or email:

Varsha Huralikoppi- varshah@secondstart.org or Cherie Herbert - cherieh@secondstart.org

Mailing address: 1325 Bouret Drive, San Jose CA 95118 *Mail forms attention to Finance Office*