



Salam Academy

"Where Education Has No Limits"

____ Credit/Debit Card zip code _____

Type of Card (MC/Visa/American Express) _____

Name on Card _____

Card # _____

Expiration Date(mm/yy) _____ Security Code _____

I hereby authorize and request Salam Academy, Inc. to charge my credit card in the amount of \$ _____ for the monthly tuition for my children each month. It is understood that this agreement may be terminated by me at any time by written notification (with signature and date) to Salam Academy Inc. Any notification to Salam Academy Inc. shall be effective with respect to Salam Academy Inc. after receipt of such notification and a reasonable opportunity to act on it.

Signed _____

Date _____

Received by _____ Date _____