



**MyCoolDrivingSchool.com**

PHONE # 888-405-7558

DRIVERSED@me.com

### Credit Card / Debit Card Authorization Agreement

STUDENT'S NAME \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_

I AUTHORIZE this driving school to make this valid charge on my credit/debit card now.

I personally gave this Driving School all my information to charge my credit/debit card.

My credit/debit card address is \_\_\_\_\_

My credit/debit card # is    \_ \_ \_ \_ \_    \_ \_ \_ \_ \_    \_ \_ \_ \_ \_    \_ \_ \_ \_ \_

My credit/debit card expiration date is    \_ \_    /    \_ \_ \_ \_

My credit/debit card back 3 digit numbers are    \_ \_ \_

This charge on my credit/debit card is for my Driver's Ed and or Driver's Training services.

I understand this Driving School has a NO REFUND policy for any reason, action or purpose.

I understand and authorize any charge backs initiated by me will be recharged at once.

I understand this Driving School will complete all services paid for with proper communication.

Print name \_\_\_\_\_

Signature **x.** \_\_\_\_\_