



Sponsor Credit Card Information for Tuition

Sponsor Credit Card (Authorization given to be used for late tuition payments and Student Account expenses):

AUTHORIZED CREDIT CARD (TYPE & ALL DIGITS, EXPIRATION)	
BILLING ADDRESS, CITY, STATE, AND ZIP CODE	
SPONSOR (PARENT OR GUARDIAN) PRINTED NAME	
SPONSOR (PARENT OR GUARDIAN) PRINTED NAME	
STUDENT (PRINTED NAME)	
ENROLLMENT PERIOD	
TUITION COST PER DAY \$1000	CHARITY/SELF PAY COST PER DAY \$415.00

The undersigned hereby authorizes Aurora Center For Healing to initiate charges against the undersigned's credit/debit card according to the terms of this Tuition Financial Agreement, specifically for late tuition charges and for Student's monthly personal expenses. The undersigned acknowledges this authority will remain in effect so long as the Student is enrolled at Aurora Center For Healing.

IN WITNESS WHEREOF, the undersigned have executed this Tuition Financial Agreement this _____ day of _____, 20_____ .

Sponsor Signature (Father/Guardian)

Sponsor Signature (Mother/Guardian)

Signature of Authorized Aurora Center For Healing Representative