



**WOGA Auto Pay Authorization Form**

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

STUDENT(S) NAME(S): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TUTION AMOUNT: \$ \_\_\_\_\_

PARENT / GUARDIAN NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ CELL PHONE: (\_\_\_\_) \_\_\_\_\_

CARD (Circle One):    VISA    MC    AMEX    DISC (Plano Only)

NUMBER: \_\_\_\_\_

EXPIRES: \_\_\_\_ / \_\_\_\_    CIV#: \_\_\_\_\_    Billing Zip: \_\_\_\_\_

BEGIN PAYMENTS ON: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Card Holder Signature: \_\_\_\_\_    Date: \_\_\_\_ / \_\_\_\_

**FOR OFFICE USE ONLY**

CLASS CODE(S):    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_

WOGA Representative Signature: \_\_\_\_\_