



### One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize **Versan Educational Services** to make a one time debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

**Please complete the information below:**

I \_\_\_\_\_ authorize **Versan Educational Services** to charge my credit card  
(full name)  
account indicated below for \_\_\_\_\_ on or after \_\_\_\_\_. This payment is for  
(amount) (date)  
\_\_\_\_\_  
(description of goods/services)

Billing Address \_\_\_\_\_ Phone# \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

Account Type: <input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> AMEX	<input type="checkbox"/> Discover
Cardholder Name _____			
Account Number _____			
Expiration Date _____			
CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____			

**Sandra Bramwell**  
Executive Director  
2 Goodwood Terrace  
Unit 6, Kingston 8  
Tel: (876) 924-2347  
Fax: (876) 969-8170

**Tanet Russell**  
Montego Bay Director  
Shop 39 Overton Plaza  
St. James  
Tel: (876) 971-5888  
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**Winsome Bramwell**  
New York Director  
137-45 Francis Lewis Blvd.  
Spring Field Gardens  
NY 11413  
Tel/Fax: (718) 978-4089



**VERSAN**  
EDUCATIONAL SERVICES

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

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