

College Funding Credit Card Authorization Form

I _____ Authorize Coordinated Concepts to charge my credit card \$1,000 for my involvement in the College Funding Program.

Card Number _____

Expiration Date _____ Security Code _____

Name on the Card _____

Sign _____

Date _____

There is no refunds for any reason.

*Initial charge for \$2500.00 is non refundable