

SPONSOR PAYMENT AUTHORIZATION FORM

By signing this form, you the sponsor, commit to pay any outstanding charges from The English Island for the following student: _____
(Student's Full Name)


Sponsor's Full Name: _____


Sponsor's phone number: _____


Sponsor's e-Mail address: _____

Sponsor's address: _____

Please check the box for your preferred billing option:

 Bank Transfer: _____
(Routing Number) (Account Number)

 Venmo: _____
(Phone Number) (E-Mail Address)

 Zelle: _____
(Phone Number) (E-Mail Address)

Other: _____

Signature: _____ Date: _____

I understand that this authorization will remain in effect until I cancel it in writing within 30 days prior notice, and I agree to notify The English Island in writing of any changes in my account information or termination of this authorization at least 30 days prior to the next billing date. I understand that late payments or insufficient funds will result in a \$150 late fee plus \$150 late for each additional week late. I certify that I am an authorized user of the preferred account indicated above and will not dispute these scheduled transactions with my bank or service provider, so long as the transactions corresponds to the terms indicated in this authorization form. If the payment is not able to be completed, I understand The English Island may proceed with the termination of the student's visa, due to failure to enroll.