AL-IMAN ACADEMY

Islamic Center of Richmond
8481 Hungary Rd, Glen Allen, VA 23060
Website: www.alimanacademy.org

CREDIT CARD AUTHORIZATION FORM

Student Full Name: _____

BILLING INFORMATION:

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

PAYMENT INFORMATION:

I authorize Al-Iman Academy to charge my bank account or debit/credit card for school fees during the 2026-27 school year.

☐ **E-Check:** Routing No: _____ Acct No: _____

☐ **Debit/Credit Card No:** _____

Exp: ____ / ____ CCV: _____ Card Type (Visa/MC): _____

☐ **Check Enclosed**

Comment: _____

I certify that the information submitted above is accurate to the best of my knowledge.

Authorized Signature: _____ Date: _____