

CREDIT CARD AUTHORIZATION

STUDENT NAME _____

DATE/AMOUNT
(Office use only)

CARDHOLDER/ _____

JUN _____

JUL _____

AUG _____

SEPT _____

OCT _____

NOV _____

DEC _____

JAN _____

FEB _____

MAR _____

APR _____

MAY _____

MASTERCARD or VISA
(Please circle one)

CARD NUMBER _____

EXPIRATION DATE _____

SECURITY CODE (3 numbers on back) _____

CARDHOLDER'S
SIGNATURE _____

CARDHOLDER'S ADDRESS _____

ZIP CODE _____

CARDHOLDER'S
TELEPHONE NUMBER _____

CARDHOLDER'S
CELL NUMBER _____

Please fill out the above information and return to the Business Office.

Credit card payments for tuition will be processed on the tenth day of each month.

TOTAL BALANCE DUE each month on your tuition statement will be charged to your credit card account.

A 2.5% convenience fee will be added to all credit card transactions.

A NEW FORM MUST BE FILLED OUT EACH SCHOOL YEAR