CREDIT CARD AUTHORIZATION

STUDENT NAME_____

CARDHOLDER/ _____

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_____

DATE/AMOUNT
(Office use only)

JUN_____
JUL_____
AUG_____
SEPT_____
OCT_____
NOV_____
DEC_____
JAN_____
FEB_____
MAR_____
APR_____
MAY_____

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