

CREDIT CARD AUTHORIZATION FORM

Mastercard/ Visa ONLY

I authorize Central College Christian Academy to charge my account for tuition.

STUDENT NAME: _____

Name as it appears on card: _____

Billing Address: _____

City, State, and Zip: _____

CREDIT CARD
(circle one)

Mastercard

Visa

Credit Card Number: _____

Expiration Date: _____

SIGNATURE: _____

Date: _____

I authorize Central College Christian Academy to charge my account as follows:
(charges will be made between the 1st and 5th of the month)

_____ \$400.00

_____ \$760.00

_____ \$1120.00

_____ I would like my account charged every month through May.

_____ I would like my account charged ONLY this month.

This information will be kept confidential and secure.