

Credit Card Authorization Form

Customer Information

Customer _____

Email Address _____

Phone _____

Credit Card Information

Card Type: Mastercard VISA Discover

Cardholder name: _____ Cardholder zip code: _____ Security Code: _____

Card Number: _____ Expires ____/____

Notify me via email when my credit card is charged. Select one: Dad's OR Mom's email

Payment of Enrollment Dues

By signing below you authorize Prestoncrest Church of Christ to make a one time charge to your credit card. The amount of _____ will be charged for Sunshine School Enrollment Fees (_____) and May 2019 tuition (_____). (Those who enroll in January will not be charged until around March 1, 2018.)

Customer Signature

Date

Select one of the following tuition payment options. Any changes to this decision must be made by June 1, 2018:

____ I authorize Prestoncrest Church of Christ to make regularly scheduled charges on the first of each month, September 2018 through April 2019. The amount of _____ will be charged for Sunshine School Monthly Tuition. In the event the charge does not go through arrangements must be made to pay by the 5th of the month.

____ I wish to receive a 5% discount and pay in full (_____) by check on or before August 15, 2018. Failure to submit payment by that date will result in the above card being charged on the first of each month for the entirety of the school year (2018-2019).

Customer Signature

Date

