



Faith Lutheran School & Childcare
Credit Card Authorization Form

Student's Name: _____

Credit Card Information

Type of Credit Card: Visa MasterCard American Express

Name (as listed on card): _____

Billing Address: _____

Credit Card Number: _____

Expiration Date: _____ Authorization/Security Code: _____
(3-digit number on back or 4-digit number on front of AMEX)

Billing Information

One-time Charge (i.e., registration fee) Amount to Charge: _____

OR

Monthly Tuition/Childcare Charge Date to Charge Balance Each Month:
 5th 10th 15th 25th

Signature: _____ Date: _____