



Credit Card Authorization
Monthly Draft of Tuition

Student Name(s)
MasterCard Visa
Name on Card
Card Number
Last three digits on back of card
Expiration Date Billing Zip Code
Billing Address
I authorize Cross Bend Christian Academy to draft monthly tuition payments from this account. I understand that I will be billed prior to the first of each month.
Signature Date

ONE TIME ONLY CHARGES

T-Shirt(s)
Nap Mat(s)
Donation (tax deductible)
Total Charge

Signature Date

I authorize these one time charges to my account listed above.

Authorization # Date Staff Initials