

**Garrett Christian Academy**  
**Credit Card Authorization Form**

Please complete all fields. You may cancel this authorization at any time by contacting us.  
This authorization will remain in effect for the duration of one year.

<b>Credit Card Information</b>
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> JCB
Cardholder Name (as shown on card): _____
Card Number: _____
Expiration Date (mm/yy): _____
Cardholder ZIP Code (from credit card billing address): _____
CVC Code: _____
Transaction Type Authorized (i.e. tuition, before/after care charges, activity fees, miscellaneous): _____
Max Amount Authorized per transaction:
Frequency Authorized:
Billing Address:
Email:
Notes

I, \_\_\_\_\_, authorize \_\_\_\_\_ to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date