

Credit Card Authorization Form

I(we) hereby authorize Mother Lode Christian to initiate charges my (our) credit card as indicated below for tuition payments for the 2024-2025 school year. I understand that I may cancel this authorization at any time by contacting Mother Lode Christian School. This authority will otherwise remain in effect for the entire payment plan as indicated below:

Payments may be divided into either 10 or 11 months beginning in August of 2024. Please mark your preference below:

_____ We are designating a ten-month plan beginning in Aug, with the final payment in May of 2025.

_____ We are designating an eleven-month plan beginning in Aug., with the final payment in June of 2025.

Payment processing dates will be either the 10th or 20th of the month. Please mark your preference here and designate the amount:

_____ 10th day _____ 20th day Payment Amount: _____

****A processing transaction fee of 4% will be added to the payment amount and charged to your card for this service.****

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 until cancelled.

Credit Card Information				
Card Type:	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA	<input type="checkbox"/> Discover	<input type="checkbox"/> AMEX
	<input type="checkbox"/> Other _____			
Cardholder Name (as shown on card): _____				
Card Number: _____				
Expiration Date (mm/yy): _____				
Cardholder ZIP Code (from credit card billing address): _____				

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