



**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	_____

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Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Authorization # \_\_\_\_\_ Date \_\_\_\_\_ Staff Initials \_\_\_\_\_