Recurring Credit Card Payment Authorization Form

Schedule your payment to be automatically deducted from your Visa OR MasterCard.

Please complete the information below:

I _____ authorize Saint Paul Christian School to charge my credit card
(full name)

indicated below for $_____ on the 1st of each month for payment of my
(day or date)

tuition and fees.

Billing Address _____ Phone#_____

City, State, Zip _____ Email _____

Student Name(s):

_____

Grade Level: _____

Notes:

_____

_____

_____

Credit Card

☐ Visa ☐ MasterCard

Cardholder Name _____

Account Number _____

Exp. Date _____

CVC code _____

SIGNATURE _____ DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Saint Paul Christian School in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the business day prior to holiday. In the case of a transaction being rejected for Non Sufficient Funds (NSF) I understand that Saint Paul Christian School may at its discretion attempt to process the charge again within 30 days and may be subject to additional fee if its keeps occurring. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.

--------TURN IN FORM TO BUSINESS OFFICE ONCE COMPLETED. --------

"Whatever you do, do it all for the glory of God." ***1 Corinthians 10:31***