



### Authorization for Tuition by Credit Card

NAME as it appears on card \_\_\_\_\_  
Please print

ADDRESS \_\_\_\_\_  
\_\_\_\_\_ ZIP (required) \_\_\_\_\_

TELEPHONE NUMBER (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

BANK NAME & STATE \_\_\_\_\_  
\_\_\_\_\_

STUDENT(S) NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_  
\_\_\_\_\_ GRADE: \_\_\_\_\_  
\_\_\_\_\_ GRADE: \_\_\_\_\_  
\_\_\_\_\_ GRADE: \_\_\_\_\_

CREDIT CARD NUMBER \_\_\_\_\_ EXP. DATE \_\_\_\_\_  
MO / YR  
TYPE: VISA OR MC \_\_\_\_\_

I AUTHORIZE **CALVARY BAPTIST DAY SCHOOL**

TO AUTOMATICALLY DEBIT MY CREDIT CARD  ONCE  MONTHLY  
IN THE AMOUNT OF \$ \_\_\_\_\_

I understand there will be a 6% fee for using a credit card. \_\_\_\_\_ (initial)

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Please return this form to the Headmaster's Office or the CBDS financial office in A-2202A**