



## Credit Card Authorization Form

Please fill in all information below. All forms are kept confidential. Please fill out and return this completed document to reserve your spot for 2024-2025 School year. Payment will be processed upon receipt. This card information will be placed on file for the auto billing of your child's tuition payments. Thank you!

Student's Name: \_\_\_\_\_

Parent/Guardian Name on Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

CCV Code (off back of card): \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_

By signing below, I (we) hereby authorize Joshua 1:9 Learning Center, Inc. to charge the card listed above. This authorization is to remain in full force until Joshua 1:9 Learning Center, Inc. has received two-week written notification from me of its termination in such time and in such manner as to afford Joshua 1:9 Learning Center, Inc. a reasonable opportunity to act on it.

**Cardholder signature:** \_\_\_\_\_

Date signed: \_\_\_\_\_

**Tuition Contract Length: (please choose one)**

- 9 month contract  
 12 month contract

**Automated Billing Schedule for Tuition: (please choose one)**

- Weekly (billed each Friday, before following week)       Other: (must have prior Office approval)  
 Monthly (on 1st of the Month) \_\_\_\_\_  
 1<sup>st</sup> and 15<sup>th</sup> of Month \_\_\_\_\_

(office use only): Date entered/updated into system: \_\_\_\_\_ JLC \_\_\_\_\_ CCA