



Glendale Lutheran School  
**Credit Card Authorization Form**

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

**Credit Card Information**

Type of Credit Card:  Visa  MasterCard  American Express

Name (as listed on card): \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

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

Expiration Date: \_\_\_\_\_ Authorization/Security Code: \_\_\_\_\_  
(3-digit number on back or 4-digit number on front of AMEX)

**Billing Information**

**One-time** Charge (i.e., registration fee) Amount to Charge: \_\_\_\_\_

OR

**Monthly Tuition/Care** Charge (date to charge)  5<sup>th</sup>  10<sup>th</sup>  15<sup>th</sup>  25<sup>th</sup>

Date of First Payment: \_\_\_\_\_  
(MM/YYYY)

Date of Last Payment: \_\_\_\_\_  
(MM/YYYY)

Signature: \_\_\_\_\_

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