

VALLEYDALE CHRISTIAN ACADEMY

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2025-2026 VCA Credit/Debit Card Authorization Form

Dear VCA Parent/Guardian:

If you are interested in having our staff process a monthly tuition payment from your debit or credit card on the 1st of each month from August through May, please fill out this Authorization Form then mail or bring the form to our office. The payment will be processed on the 1st of each month or by the 5th depending on when the next business day falls on the calendar. If you need to change the card number at any time, please call the office so we can send you another form. If you wish to CANCEL this authorization for any reason, please call the office and speak to one of our staff members. There is a **3.5% Convenience Fee** by the card processing company. Please let us know if you have any questions.

Student's Name(s): _____

***If you lose/change your credit/debit card number or it EXPIRES,
you MUST notify us IMMEDIATELY.***

The CVV (security) code is necessary to process payments: _____

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information
Card Type: ☐ MasterCard ☐ VISA ☐ Discover ☐ AMEX ☐ Other _____
Cardholder Name (as shown on card): _____
Card Number: _____
Expiration Date (mm/yy): _____
Cardholder ZIP Code (from credit card billing address): _____

I, _____, authorize _____ to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Customer Signature

Date

PLEASE do not forget to fill in the 3-digit CVV or Security Code from the back of the card.
(updated 7/9/2025)