Credit Card Authorization Form -- 2017-2018 School Year

Family # _____ Date _____

Family Name _____

Parents Names _____

Email address _____

Name on Card _____

Card # _____

Expiration Date _____ / _____

Card Type MC VISA AMEX

Zip Code _____

I authorize Circle Christian School to charge, on the first of every month beginning July 1, 2017 and ending June 15, 2018, any balance due on my school account.

Signature _____

**** For security purposes, do not email credit card information. ****

For office use only:

Date Charged	Amount Charged	Initials	Notes

Circle Christian School, 2134 Kentucky Avenue, Winter Park, FL 32789
Fax (407) 740-8580

Rev. 20170608