



GCS Credit Card Authorization Form

FAMILY INFORMATION:

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Names of Children in School:

CREDIT CARD INFORMATION:

Credit Card Type: VISA MASTERCARD AMEX DISCOVER

Credit Card Number: _____ - _____ - _____ - _____

Credit Card Expiration Date: Month: _____ Year: _____

Name as appears on Credit Card: _____

AUTHORIZATION INFORMATION:

I authorize Grace Christian School to charge my above credit card for the following:

- | | | | | | |
|-----------------|-------|--------------|-------|----------------------|-------|
| 1. Tuition | _____ | 2. Hot Lunch | _____ | 3. After School Care | _____ |
| 4. Library Fees | _____ | 5. Yearbook | _____ | 6. Spirit Wear | _____ |
| 7. Other | _____ | | | | |

Authorization Signature: _____