



CHRIST LUTHERAN SCHOOL

311 S Citrus Street
West Covina, CA 91791
(626) 967-7531

Credit Card Payment Authorization Form Summer School 2024

Sign and complete this form to authorize Christ Lutheran School to make a debit to your credit card listed below.

By signing this form you give us permission to debit your account for the full amount of your bill on or after the indicated date. This is permission for a monthly transaction for the period listed below only, and does not provide authorization for any additional unrelated debits or credits to your account. Sign and complete this form to authorize Christ Lutheran School to make a debit to your credit card listed below.

Please complete the information below:

I _____ authorize Christ Lutheran School to charge my credit card
(full name)

account indicated below for \$ _____

This payment is for: Student(s) Name: _____

Summer School – 1st Session / 2nd Session.

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Account Type: Visa MasterCard

Cardholder Name _____

Account Number _____

Expiration Date _____

CVV2 (3 digit number on back of Visa/MC) _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for the time frame listed above only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

SIGNATURE _____

DATE _____