

Credit Card Authorization Form

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accounting@zionacademy.com



CCA

APPLICATION INFORMATION	
SECTION 1	Please PRINT
	FATHER NAME
	MOTHER NAME
	STUDENT NAME(S)
	ADDRESS
	CITY, STATE, ZIP
	EMAIL ADDRESS
PHONE NUMBER	

CREDIT CARD INFORMATION	
SECTION 2	TYPE OF CARD <input type="checkbox"/> VISA <input type="checkbox"/> M/C <input type="checkbox"/> DISC <input type="checkbox"/> AmEx
	CREDIT CARD NUMBER
	EXPIRATION DATE
	CVV 3 Digit Code (back of card)
	NAME ON CARD
	BILLING ADDRESS
	CITY, STATE, ZIP
	EMAIL ADDRESS for RECEIPT
	PHONE NUMBER
	RELATIONSHIP TO STUDENT
Please enter name and address <u>EXACTLY</u> as it appears on the billing statement.	

ONE TIME PAYMENT AUTHORIZATION	
SECTION 3	YES, please charge my card for the one-time amount of: \$ _____ on _____ mm/dd/yy.
	Comment / Special Instructions:
	Initial _____ X

AUTOMATIC PAYMENT AUTHORIZATION	
SECTION 4	Tuition Installments - Initial _____ X
	YES, please charge my card for my Tuition Installments in the amount of \$ _____ each month.
	Incidental Service Fees - Initial _____ X
	YES, please charge my card for the Incidental Service Fees listed below, as needed.
	Incidental Service Fees – Late Installment Fee \$25, Late Assignment Fee \$50, Payment Decline Fee \$15, & Summer Tuition \$195
Comment / Special Instructions:	
Your child's education and school rely on timely payment of Tuition Installments and Incidental Service Fees to operate smoothly. THANK YOU.	

Cardholder agrees that all information provided is accurate and complete. Cardholder also acknowledges that all services may be terminated at Zion Academy's discretion if charges are declined or a chargeback is initiated. Any disputes to amount charged should be immediately reported to accounting@zionacademy.com. Changes in the status of this card can also be reported to accounting@zionacademy.com.

All payments are final – No Refunds

X _____
Signature of Card Holder (Section 2) Printed Name of Card Holder Date

X _____
Signature of Parent (Section 1) Printed Name of Parent Date