

UPDATE Card INFORMATION FORM

PO Box 2739
 Burleson, TX 76097
 PH: 682-250-6088



RETURN TO ZAA:

Email to accounting@zionacademy.com
Fax to 682-250-6090

Date: _____

Please print clearly

Admitting Adult _____

Student Name (s) _____

Email Address _____
(To receive payment receipt or confirmation of payment schedule update.)




UPDATE CREDIT CARD ON FILE Required for processing.

Card Number _____ (Card remains on file)
 Exp Date _____
 3 digits _____

Name on Card _____
 Billing Addr _____
 City, St, Zip _____

Relationship to student _____

We accept:

UPDATE AUTO-PAY or INVOICE PREFERENCE
 (2 selections required)

1 TUITION

AUTO-PAY

INVOICE by Email *

* A \$10 Fee is added.

2 INCIDENTALS

AUTO-PAY

INVOICE by Email

UPDATE MY ADDRESS APPLIES TO: Shipping Billing

Previous Address

Street Address _____ Apt # _____

City _____ State _____ Zip _____

New Address

Street Address _____ Apt # _____

City _____ State _____ Zip _____

SIGNATURE AUTHORIZATION

My signature below authorizes Zion Academy of America to process my payments as scheduled. I certify that I am the authorized cardholder, and I have full authority to make purchases on behalf of the account listed. I understand payments are non-refundable and non-transferrable. The information provided is accurate and complete. Email reminders are sent 7 days prior to scheduled payment and upon payment processing a confirmation receipt will be emailed to me. Changes or updates to this authorization may require a new authorization form.

X _____

Admitting Adult Signature Date

X _____

Cardholder's Signature Date