

**Holy Cross Christian Academy
2017 – 2018 CREDIT CARD AUTHORIZATION**



PERMISSION STATEMENT FOR CREDIT CARDS

(Please Read Carefully. This is a binding commitment.)

I hereby authorize Holy Cross Christian Academy to charge my monthly tuition payment of \$ _____ to my _____ card.

Or other specific amounts \$ _____ for _____.

I understand that tuition payments will process on the first business day of the month beginning **June 1, 2017 and continuing through May 31, 2018.**

I am paying tuition and other related fees for the following:

Student: _____ Grade: _____

Student: _____ Grade: _____

Student: _____ Grade: _____

Student: _____ Grade: _____

Cardholder Name and Address: _____

Credit Card # _____

Exp. Date _____ Zip Code: _____

SIGNATURE OF CARDHOLDER: _____ DATE: _____

Holy Cross Christian Academy admits students regardless of race, color, or national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. HCCA does not discriminate on the basis of race, color, or national and ethnic origin in the administration of its educational policies, admissions policies, and other school administered programs.