



## CREDIT CARD AUTHORIZATION FORM

I authorize the use of my VISA, MasterCard or Discover credit card by Good Shepherd Lutheran School as follows:

- First and Last month tuition payment: \$ \_\_\_\_\_
- Monthly tuition processed on the 1<sup>st</sup>, Oct through April: \$ \_\_\_\_\_  
Oct: \_\_\_\_ Nov: \_\_\_\_ Dec: \_\_\_\_ Jan: \_\_\_\_ Feb: \_\_\_\_ Mar: \_\_\_\_ Apr: \_\_\_\_
- Other \_\_\_\_\_ \$ \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_

CREDIT CARD NUMBER (Visa, MasterCard or Discover): \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_ Card Code: \_\_\_\_\_

NAME ON CREDIT CARD: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

BILLING ADDRESS, IF DIFFERENT FROM TUITION BILLING ADDRESS:

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**Please return to the school office.**