

Crossroads School Inc.
Credit Card Payment Authorization
June 1, 2016 through May 31, 2017



Student Name: _____

I authorize Crossroads School to charge the following services/activities:

_____ Tuition \$_____ (monthly tuition amount) on the 1st of every month beginning with _____, 2016 through May 2017.

The following items are to be charged as indicated on the attached One Stop Shopping Form:

- | | |
|-------------------------------|--------------------------|
| _____ Lunch & Snacks | _____ Enrichment Classes |
| _____ Field Trips & Festivals | _____ T-Shirts & Hoodies |
| _____ FOCUS | |

Miscellaneous: _____

Special Instructions:

PLEASE COMPLETE THE INFORMATION BELOW

Please note: There is a 3% processing fee assessed for each charge.

Cardholder's Name: _____

Circle card type: AmEx Discover MC Visa

Card Number: _____

Expiration Date: _____ Security Code: _____

Billing Address: _____

City State Zip

Cardholder's Signature Date

To Be Used By School Office Only

Received by: _____ Approval Code: _____ Date Approved: _____