



# Grandview Christian School & Golden Eagle Preschool

12340 Grandview Road, Grandview, MO 64030 (816)767-8630 FAX (816)763-5029  
 www.grandviewchristianschool.com

## 2021-22 Recurring **Credit Card** Authorization Form

I hereby authorize Grandview Christian School (GCS) to initiate a charge transaction against the credit card designated below and, if necessary, credit or debit adjustments for any entry made in error to the credit account. I understand that if the charge does not process successfully on the day that is designated on this form, it will be processed again on the following business day. If it still does not process successfully at that time, a \$20.00 late fee may be assessed. This applies to all recurring payments that are not successful on their scheduled due date.

This authority is to remain in full force and effect until GCS has received the full tuition costs for the 2021-2022 school year, or until GCS has received written notification from me of its termination in such time and in such manner as to afford GCS a reasonable opportunity to act on it.

### Account Details

~Please Print Legibly~

		<u>Name as Shown on Credit/Debit Card</u>	<u>Customer Email Address</u>	
<b>Cardholder Info:</b>				
<u>Billing Address as Shown on Statement</u>			<u>Customer Phone Number</u>	
<u>Credit Card #</u>		<u>Expiration Date</u>	<u>CSV Code</u>	
<b>**IMPORTANT**</b>		Circle type of card: Visa Mastercard Discover Amer Exp	<b>**IMPORTANT**</b>	
<u>Cardholder's Signature</u>				
X				
<b>Name of Student(s):</b>				

### Recurring Charge Details

SELECT CHARGE FREQUENCY: <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Other (specify): _____				
SELECT CHARGE DATE(s): 1st 5th 10th 15th 20th 25th 30th (circle applicable dates above)				
Or enter other charge date(s) _____ (pre-approval required)				
<u>Amount of Tuition to Charge</u>	<u>Amount of Extended Care to Charge</u>	<u>Amount of Lunch to Charge</u>	<u>Misc Items to Charge</u>	<u>Total Charge</u>
\$	\$	\$	\$	\$
<u>Start Date of Charge:</u>		<u>End Date of Charge:</u>		

Cust ID: \_\_\_\_\_

~Continued on Reverse Side~

Initial appropriate boxes below:

I authorize credits to my account, as necessary (*i.e. corrections*)

**CHANGE** – Change of credit card account number  
*Instruction: Complete Account Details section on front side*

**CANCEL** – Stop my participation in the program  
*Instruction: Complete Account Holder & Names of Students on front side and sign below to CANCEL all charges after date indicated here: \_\_\_\_\_*

### Cancellation Request

Cardholder's Signature

X