



Payment Authorization Form

FOR OFFICE USE ONLY	RECEIVED BY:	DATE
Student Name	Parent Name	
Address		
City	State	Zip
Type of Authorization: New Date of first payment: _____	A \$30 NSF fee is applied to your account if payment is returned.	
PAYMENT AMOUNT: \$ _____ FOR _____ <input type="checkbox"/> One-time payment in full-On Payment Due Date <input type="checkbox"/> Once a week until payment is complete-Payment Needs to Be Complete Prior to First Game <input type="checkbox"/> Twice a month until payment is complete -Payment Needs to Be Complete Prior to First Game		
Please charge payment to my (check one): Visa MasterCard Discover American Express		
Credit Card Number:	Expiration Date:	
Name on Card:		
Billing Address (if different from above):		
I authorize the Cornerstone Christian School and Vanco Services, LLC to charge my credit card in accordance with the information above. Signature (as it appears on the credit card): _____ Date: _____		
Please transfer payment from my: Checking Savings		
Bank Routing Number:		
Bank Account Number:		
I authorize the Cornerstone Christian School and Vanco Services, LLC to debit my bank account in accordance with the information above. Signature: _____ Date: _____		



FOR CHURCH USE ONLY

Payment Authorization Form

PROCESSED BY:

DATE: