



DEBIT / CREDIT CARD PROCESSING FORM

Do you want this card billed every month on the 1st for the **FULL** tuition amount?

YES

Do you want this card billed on the 1st and the 15th of the month for what is due?

YES

Family Name: _____

Card Type (check one): Visa Mastercard Discover

Card # _____

Expiration Date: ____ / ____ Card Verification ID: ____

NAME (as it appears on the card):

ADDRESS: _____

CITY: _____ STATE: _____

ZIP CODE: _____ PHONE NUMBER: _____ - _____ - _____

EMAIL ADDRESS: _____

(an email receipt will be sent to this address)

(There is a \$3.00 convenience fee on all credit card transactions)