

KITSAP ADVENTIST CHRISTIAN SCHOOL F3
Recurring Credit Care Authorization

Please write in pen.

I, _____, authorize Kitsap Adventist Christian School to charge the below listed credit card \$_____ on the 15th of each month, for school tuition/Scholarship Fund. This authorization is effective from _____, 20____ to _____, 20____ or until I submit a written request to cancel.

Card: Visa Mastercard

Account Number: _____

Expiration Date: _____

3 Digit Card Code (from back of card): _____

Signature: _____

Date: _____

Billing Address: _____
