



## Trinity Christian School Credit Card Authorization Form

Please complete all of the information requested below, so we may properly process your transaction. If you have any questions about your credit card transaction or this authorization form, please contact [kwoods@tcsww.org](mailto:kwoods@tcsww.org) or call 304-291-4659.

Name: \_\_\_\_\_  
(as it appears on card)

Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Transaction Amount: \$ \_\_\_\_\_ Frequency: \_\_\_\_\_ one-time \_\_\_\_\_ monthly

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

CVC Code: \_\_\_\_\_ Billing Zip Code (for credit card statement): \_\_\_\_\_

Your credit card transaction will process on the 1st of each month.

### Statement of Understanding

I (we) understand that this authorization will remain in full force and effect until I (we) notify Trinity Christian School. Should I (we) wish to revoke this authorization, it must be in writing. I (we) understand that Trinity Christian School requires at least 30 days prior notice in order to cancel this authorization.

By checking this box and typing my name below, I am electronically signing my authorization.

Names(s): \_\_\_\_\_

Signature(s): \_\_\_\_\_

Date: \_\_\_\_\_