## **CREDIT CARD PAYMENT SELECTION FORM**



CONTRACTUAL	AGREEMENT WITH	CUTLER RI	DGE CHRISTIAN AC	CADEMY	
indicated below to n	ny credit card account. le amount indicated be	. I understand	charge my monthly sta that my card will be ch derstand that I will be c	arged on the first b	ousiness day
Please note: Expiration date mu	st be current in order	for the transa	ction to be processed.		
Please check one:					
Credit Card: [ ] V	ISA [ ] MasterC	ard			
(V. Code is required)			D - LAST THREE DIGI	TS)	
Credit Card Accou	 nt Number				
Expiration Date					
Name of Cardhold	er (Please Print Clear	·ly)			
Billing Address					
City	State		Zip Code	(*Zip Code is require	
Telephone Number of (					
Signature of Credit Car	d Holder			/ Date	/
Choose one:	Account balance	\$	(specific amount)		
Name and Grade o	f Student(s):				