

CREDIT CARD PURCHASE AUTHORIZATION FORM

Destiny Christian Academy

Student's Name: _____ Grade: _____

Student's Name: _____ Grade: _____

This form is to be used for student account payments made through Destiny Christian Academy.

Payment to:

Destiny Christian Academy
7400 Factory Shoals Road
Austell, Georgia 30138
Phone: 770-944-6413
Fax: 770-874-8280

The form must be filled out completely!

Cardholder Name (Please print or type): _____

Billing Address of Cardholder: _____

City: _____ State/Province: _____

Zip Code: _____ Country: _____

Work Phone: (____) _____

Home Phone: (____) _____

Cardholder Account number (16 digits): _____ CVV2 code: _____

Expiration Date: _____

Circle card type to be charged:

Mastercard

Visa

Discover

Amount to be charged: _____

Circle Charge Option:

One- time charge

or

Recurring charge (Please provide details below)

I AGREE TO PAY THE ABOVE TOTAL AMOUNT ACCORDING TO THE CARD ISSUER AGREEMENT.

Cardholder signature: _____