

Hueneme Christian School
312 North Ventura Road
Port Hueneme, CA 93041
(805) 488-8781
Fax: (805) 488-2891

CREDIT CARD AUTHORIZATION

_____ Name of Student

_____ Name on Credit Card

_____ Relationship of Cardholder to Student

**FOR THE FIRST BILLING TO BEGIN, WE MUST HAVE A COPY
(FRONT & BACK) OF THE CARD.**

Print Card Number and Expiration Date

MasterCard _____ Exp. Date _____

Visa _____ Exp. Date _____

Discover _____ Exp. Date _____

American Express _____ Exp. Date _____

PLEASE INITIAL HOW YOU WANT YOUR CREDIT CARD BILLED:

ENTIRE BALANCE DUE _____ SET AMOUNT
\$ _____

THIS IS A ONE TIME CHARGE _____

AUTOMATIC MONTHLY DEBIT _____

Signature of Cardholder

Date