

MONTE VISTA CHRISTIAN SCHOOL
VISA/MASTER CARD AUTHORIZATION

Fax to: 831-722-1813

Attention: Accounts Receivable/Student Billing

831-722-8178 ext. 112

**** Required Information**

****Exact Name on Credit Card** _____

****Billing Address** _____

City _____ **State** _____ ****Zip Code** _____

Country _____

****Credit Card #** _____

****Expiration Date** ____/____
Month four digit year

****V CODE** (3 digit code on back of the card) _____

****Amount \$** _____ **Recurring: YES** ____ **NO** ____

In payment for _____

Student(s) Name _____

The above information authorizes MVCS to charge my credit card.

****Signature** _____ **Date** _____