

**Automatic Tuition Payment
Credit Card Account**

***We do not accept American Express
*Please allow two weeks to process this form**

____ New Authorization
____ Change of Authorization

Child's Name _____

Name on Account (print) _____

Address _____

City _____ State _____ Zip _____

Credit Card Type _____

Credit Card Number _____ Exp. Date _____

\$ _____ Monthly Tuition Payment (withdrawn on the 5th of every month)

____/____ Start date (MM/YY) for Monthly Tuition Payments

____/____ End date (MM/YY) for Monthly Tuition Payments

OR

\$ _____ One-time Tuition Payment

____/____ Withdrawal date (MM/YY) for One-time Tuition Payment

I authorize Hoffmantown Church to process entries to my credit card account for the amount indicated above until the end date indicated above or until I give reasonable notification to terminate this authorization.

Authorized Signature on Account

Date

Office Use Only:

Date Processed _____ Envelope # _____