



LEON VALLEY CHRISTIAN ACADEMY
CREDIT CARD FORM

Name: _____

Address w/ zip code: _____

Card #: _____

Expiration Date (MMYY): _____

Security Code (on back): _____

**I authorize LVCA to withdrawal tuition and fees associated with my student's LVCA account from the above mentioned account information when requested. Tuition payments will be processed on the 17th of each month. If the for mentioned date should be on a weekend or holiday, the payment will be processed on the following business day.

Printed: _____

Signature: _____

Date: _____