

Address w/ zip code: \_\_\_\_\_\_ Card #: \_\_\_\_\_ Expiration Date (MMYY): \_\_\_\_\_

Security Code (on back): \_\_\_\_\_

I authorize LVCA to withdraw tuition and fees associated with my student's LVCA account from the above-mentioned account information **starting August 17<sup>th</sup>**. Tuition payments will be processed on the 17<sup>th</sup> of each month. If the 17<sup>th</sup> of the month should be on a weekend or holiday, the payment will be processed on the following business day.

Printed:	 	 	
Signature:	 	 	
Date:			

Please note that a new credit card form is required each school year. All previous credit card forms on file are shredded at the end of the school year.