



School Age Care (SAC) Credit Card Authorization Form

THIS FORM MUST BE UPDATED YEARLY

I give Mt. Calvary Lutheran School permission to charge my School Age Care bill on my Credit Card. The transaction will be done approximately the 15th of each month. I understand I will still receive an invoice by mail and/or email.

School Year

Credit Card Number

Exp. Date

CVC#

Card Holder Name

Billing Address

Zip Code

Signature

Date

Name of Student(s)
