



CHRIST EPISCOPAL SCHOOL

80 Christwood Blvd.
Covington, LA 70433
985.801.9902

Credit Card Authorization Form

In order for Christ Episcopal School to accept and bill your credit card, please complete all fields below and return to the Business Office. All information sent is strictly confidential.

Name on card: _____

Billing address: _____

E-Mail: _____ Phone #: _____

Credit Card Type: Visa Master Card American Express

Credit Card #: _____ Exp. Date: _____

Credit Card Security Code: _____

Amount: _____

Please check the appropriate Box:

- One Time Use:** I hereby authorize CES to charge the above credit card the amount indicated above. This is a one-time charge authorization.
- Recurring Billing:** I hereby authorize CES to charge the indicated credit card on a periodic basis for the amount due under my contract, ie., shuttle, bus, milk, lunches or aftercare. This Recurring Payment Authorization/Periodic Charge shall remain in force until cancelled by me in writing.

Authorization:

I hereby authorize CES to charge the above credit card, which will include a 3% convenience fee. I agree that this is either a one-time or periodic charge that will be made as indicated above. To terminate the recurring bill process, if selected, I must cancel in writing. I will not dispute CES's recurring billing with my credit card issuer so long as the amount in question was for services rendered prior to my canceling my account in the manner required. I guarantee and warrant that I am the legal cardholder for this credit card and that I am legally authorized to enter into this one time or recurring billing agreement with CES.

Signature of Card Holder: _____

Date: _____