



**AUTOMATIC CREDIT CARD PAYMENT AUTHORIZATION
RELIGIOUS SCHOOL**

Name: _____

VISA/MC/AMER_EXP.#: _____

Verification Code: _____ Expiration Date: _____

Signature:(please sign after printing completed form) _____

Name of Religious School student(s): _____

Authorization is limited to item(s) listed below:

Total Religious School tuition:	_____	
One-time earthquake fee	_____	(\$18 per family for new members)
Security fee (\$90 per family)	_____	
Sherman Education Center Wish List donation:	_____	
Sonenshine Scholarship donation:	_____	
**Voluntary Credit Card Service	_____	
Grand Total:	_____	

I would like my payments charged in:

1 annual payment 2 bi-annual payments

4 quarterly payments Monthly payments

Balance due by April 30, 2010

****TBY pays costs of approximately 3% for credit card processing. We kindly ask that you voluntarily add this amount to your payment.**

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(FOR OFFICE USE ONLY)

Member # _____

Charged on:

July _____	December _____
August _____	January _____
September _____	February _____
October _____	March _____
November _____	April _____