

**CREDIT / DEBIT PAYMENT AUTHORIZATION FORM**

I, \_\_\_\_\_, Authorize The Lighthouse Church School  
(Santa Monica Foursquare Church) to charge my credit/debit card \$\_\_\_\_\_ per month on  
the first day of each month, for ten consecutive months (September-June) of the school year  
starting 20\_\_\_\_, for the tuition of (student name) \_\_\_\_\_.

I, \_\_\_\_\_, Authorize The Lighthouse Church School  
(Santa Monica Foursquare Church) to charge my credit/debit card \$\_\_\_\_\_ for a one time,  
non-refundable registration fee.

Total Payment: \$\_\_\_\_\_ Payment Date: \_\_\_\_\_

Card Type (circle one): VISA MASTERCARD DISCOVER AmEx Other: \_\_\_\_\_

Card Holder Name: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
\_\_\_\_\_

Card Holder Phone #: \_\_\_\_\_

Card Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_