

**LIFE Christian Academy**  
A Ministry of LIFE Fellowship  
11500 N. Sheridan Blvd.  
Westminster, CO 80020  
303-438-1260

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**2017/18 Credit Card Authorization Form**

I, \_\_\_\_\_ hereby authorize LIFE Christian Academy  
Please Print Name

to charge \$ \_\_\_\_\_ to my credit card on the (1<sup>st</sup> of each month)

beginning on August 1, 2017 and ending on May 1, 2018.

Please circle the appropriate credit card:

American Express   Discover   MasterCard   Visa

Credit Card Number \_\_\_\_\_

Expiration date: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\_\_\_\_\_  
Cardholder Authorization Signature

\_\_\_\_\_  
Date

Tuition payment for: \_\_\_\_\_  
Please print student's name

Please remember that tuition is a yearly fee divided by ten(10) payments (August-May). Tuition is due the first of the month. Late payments are subject to a \$15.00 late fee.