



SONSHINE CHRISTIAN ACADEMY

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 Deborah A. Jackson, Founder · Dr. Davina Jackson Hicks, Principal · Latasha Howard, Vice Principal

Credit/Debit Card Pre-Authorization Form

Please NOTE: All payments are due by the 15th of each month.

I, _____ (Print Name), give Sonshine Christian Academy permission to charge my Credit/Debit card for the amount of charges incurred throughout the 2019-2020 school year upon my verbal consent. I understand that balances incurred are due on or before the 15th of each month.

Card Holder Name (as it appears on Card)	
Card Number	Card Expiration Date (MM/YY)
3 Digit Security Code from the back of the card	
Billing Address of Card Holder	Billing City, State, Zip

The following are item categories that may be incurred on my monthly statement, of which you may pay with the use of your Credit/Debit Card information that we will keep on file for the duration of the school year:

Registration Fee	Private Pay Tuition	EdChoice Co-Payments	Title XX Co-Payments
Breakfast/Lunch Meals	After School Program Payments	Basketball Fees	Cheerleading Fees
Dress Down Day Fundraiser	Return Check NSF Processing Fee	SCA T-shirt/Hoodie Orders	Other: orders, field trip amounts, etc...

By signing below, I authorize Sonshine Christian Academy to use my Credit/Debit Card information to apply payment toward my child's school fees:

 Parent/Guardian Signature

 Date

Sonshine Christian Academy does not discriminate based upon sex, race, color, national origin, religion, age disability, sexual orientation, gender identity, ancestry, familial status or military status with regard to admission, access, treatment or employment. This policy is applicable in all programs and activities.