

Addendum A
Credit Card Authorization Form
KCS SUMMER CARE

Please complete all fields. This authorization will only stay on file for the duration of
your KCS Summer Care Contract.

Credit Card: ____ Visa ____ Mastercard ____ Discover ____ Amex ____ Other
Specify Other: _____

Card Holder Name as shown on Card: _____

Card Number: _____ Exp: _____ CVC: _____

Billing Address: _____
City: _____ State: _____ Zip: _____

Contact Number: _____

Email Address for receipt: _____

I, _____ Authorize **Knoxville Christian School** to
charge my credit card above for the agreed upon amount and duration. I understand
that my information will be saved to file for future transactions.

Signature

Date

