



Williamsburg Christian Academy

101 Schoolhouse Lane, Williamsburg, VA 23188

Telephone: 757-220-1978

Fax: 757-741-4009

Web: www.WilliamsburgChristian.org

**Automatic Tuition Payment Agreement-Credit Card
School Year 2010-2011**

RESPONSIBLE FOR PAYMENT

Name: _____

Address: _____

Daytime Phone #: _____ **Evening Phone #:** _____

E-mail: _____

PAYMENT METHOD

VISA Mastercard

Credit Card Information:

Name on Card: _____

Card Number: _____

Expiration Date: _____

Payment Information:

Payment Date: 5th or 20th

Payment Method: Monthly (12 payments-July 2010 – June 2011)
 Quarterly (4 payments- July 2010, October 2010, January 2011, and April 2011)

****Any payment returned will result in a \$25 return fee and requires a payment in the form of cash, money order, or cashier's check be brought into the business office within 10 days or risk suspension of educational services.****

Payment Terms

Total Balance Due _____

Number of Payments _____

Amount of Each Payment \$ _____

Signature of Person Responsible: _____ **Date:** _____

**A one-time set-up fee of \$150.00 will be charged to your credit card upon receipt of this form.*