



**BETH HAVEN
CHRISTIAN SCHOOL**

Credit Card Payment Agreement

I agree for Beth Haven Christian School to charge the following on my card for (please circle):

Pre-Admission Testing Registration Annual Fund Supply Fee Technology Fee

Chromebook Other _____

Amount: \$ _____

Processing Date: _____

Name on Card _____

Student Name _____

Credit Card Number _____

Security CVS code _____

Expiration Date _____ Zip Code _____

Email address: _____

Signature _____ Date _____

Initials _____