



CREDIT CARD AUTHORIZATION FORM MARANATHA CHRISTIAN ACADEMY INTERNATIONAL STUDENT PROGRAM

Please complete form, sign, and send to Maranatha's International Student Program by:

Fax: 763-315-7294

E-mail: international@mca.lwcc.org

FROM CREDIT CARD:

I authorize you to charge my bill directly to the credit card listed below:

Name on credit card (exactly as printed)

Billing address for credit card

Type of Credit card – Mastercard, Visa and Discover accepted

Credit card number

Expiration date (MM/YY)

3 digit CVV# (on back of card)

Student name

Relationship to Student

Application Fee \$125.00 One Hundred twenty five USD

Signature and date