

Walla Walla Valley Academy

300 SW Academy Way
College Place, WA 99324

CREDIT CARD AUTHORIZATION

Account number: _____

Zip Code _____ Expiration Date: _____
month/year

Student's name _____

Student's name _____

Please check the appropriate line.

_____ Bill my account on the 15th of each month for the balance due.

_____ Bill my account on the 15th of each month for \$_____.

Card holder's name: _____ MC or Visa

Card holder's Signature: _____