Texas Christian
Pre-School, Elementary,
Junior High and High School
17810 Kieth Harrow, Houston, TX 77084 (281) 550-6060 (281) 550-2400 FAX

Herc Palmquist
President

Beckie Soliz
Executive Director

Fully Accredited
www.TexasChristianSchool.org

Automatic Credit Card Payment Authorization

Parent / Guardian Name_____

Student Name_____Grade_____

Student Name_____Grade_____

Card Type _____ Visa _____ Mastercard _____ Discover _____AMEX (5.0% Fee)

Name On Card_____

Card Number_____Exp Date_____

SEC Code_____

Billing Address_____

City_____State_____ Zip Code_____

I, _____, authorize Texas Christian School to charge my credit card on the 7th of any month for which there are outstanding fees or tuition, if my account balance is not paid by the 6th of each month starting August 6, 2026 through May 6, 2027. It is my responsibility to notify you of any credit card number changes.

_____ I understand that this is my notice of possible monthly charges should my account balance not be paid by the 6th of the month, and that Texas Christian School will not call or email to get further permission to charge my credit card in the event of past due fees or tuition on my account.

_____ I understand that if my balance is not paid by the 6th of the month, **my student will not be allowed in *class on the 7th of the month until all fees and tuition on the account are paid in full.***

Card Holder's Signature_____Date_____

Please pre-sign below for all months, preauthorizing us to charge your credit card if bill is not paid by the 6th of each month.

Month	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
Date Charged										
(Pre-sign for all months) Signature										