

# ***St Peter Prince of the Apostles Catholic School***

## **AUTHORIZED Credit Card AGREEMENT FOR PAYMENT**

Monthly or One Time Payment

**For School Year 2017-2018**

I (we) hereby authorize St Peter Prince of the Apostles Catholic School, hereinafter called ORIGINATOR, to initiate debit entries to my (our) CREDIT CARD account (Visa, MasterCard, Discover or American Express) indicated below and the depository named below, hereinafter called DEPOSITORY, to debit same to such account.

Name \_\_\_\_\_ [ ] Monthly [ ] One-Time

Name of Student(s) \_\_\_\_\_ Grade(s) \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Street Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell Phone # \_\_\_\_\_

**Credit Card Type** \_\_\_\_\_

**Credit Card #** \_\_\_\_\_

Expiration Date \_\_\_\_\_ 3 or 4 digit Security Code \_\_\_\_\_

Date to draft [ ] 1<sup>st</sup> Start Date \_\_\_\_\_

[ ] 15<sup>th</sup> Stop Date \_\_\_\_\_

Fees	\$
Tuition	\$
ASC	\$
Total	\$

\*\*\*\*\* PLEASE DO NOT WRITE BELOW THIS LINE \*\*\*\*\*

July	Aug	Sept	Oct
Nov	Dec	Jan	Feb
Mar	Apr	May	June

