

**St Peter Prince of the Apostles School**  
**Credit Card Draft Authorization**

I (we) hereby authorize St Peter Prince of the Apostles Catholic School, hereinafter called ORIGINATOR, to initiate credit card transactions on my (select one):

American Express       Discover Card       MasterCard       Visa

Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

3 Digit CSV # \_\_\_\_\_

Name as it appears on the card (Please Print):

\_\_\_\_\_

Billing address:

\_\_\_\_\_

\_\_\_\_\_

Draft my account:

Monthly on the  1st  15th  End of Month

One-Time (Date) \_\_\_\_\_

Amount to draft \$ \_\_\_\_\_

Start date \_\_\_\_\_ Stop date \_\_\_\_\_

This authority is to remain in effect until ORIGINATOR has received written notification from me (or either of us) of its termination in such time and in such manner as to afford ORIGINATOR a reasonable opportunity to act on it.

Name(s) \_\_\_\_\_

Daytime Phone # (Please Print) \_\_\_\_\_

Email: \_\_\_\_\_

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