

MONTHLY AUTHORIZATION TO CHARGE CREDIT CARD

This signed authorization gives St. Joseph Catholic School permission to charge my account, listed below, for charges as indicated. No other charges are to be processed without my specific written or telephone authorization. Cards will be run either the last of the month or the beginning of the month depending on the 1st falling on a school day or as otherwise noted.

Check the charges you are authorizing:

	Tuition (monthly July through April – 10 months)
	ESD (After school program, charged monthly – September through May)
	Quarterly Volunteer Hours owed (\$10 per hour charged quarterly, prior to report card distribution)
	Parish contribution (\$36.00 per month – for “in-parish” tuition rate July through April – 10 months)
	Annual Fees (registration, curriculum, activity – charged in May)

Student(s) names and grades: _____

Name on credit card: _____

Card Holder address: _____

City State Zip code
CVC number (3digit number on back of credit card): _____

Credit Card: _____ Master Card _____ Visa
(Please check one)

Account Number: _____

Expiration Date: _____

Authorized Signer: _____

PLEASE COMPLETE THIS FORM AND RETURN IT TO THE SCHOOL OFFICE.