

**CREDIT CARD AUTHORIZATION FORM**

**2021-2022 TUITION BILLING**

**I authorize Providence Catholic High School to charge the monthly tuition amount to my Credit Card Account. I understand that in doing so that a 3% service fee will be added to the amount charged each month.**

**CARDHOLDER SIGNATURE:** \_\_\_\_\_

**(PLEASE PRINT LEGIBLY)**

**ACCOUNT: (Check one)** \_\_\_\_\_ **VISA**      \_\_\_\_\_ **MASTERCARD**      \_\_\_\_\_ **DISCOVER**

**ACCOUNT NUMBER:** \_\_\_\_\_ **EXP. DATE:** \_\_\_\_\_

**3 DIGIT SECURITY CODE (on back of card)** \_\_\_\_\_

**NAME OF STUDENT(S):** \_\_\_\_\_ **STUDENT ID#** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Cardholder Name:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Daytime Phone:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

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<b><u>OFFICE USE ONLY</u></b>	<b><u>TUITION AMT</u></b>	<b><u>3% FEE</u></b>	<b><u>TOTAL CHARGE</u></b>	<b><u>DATE</u></b>
<b>AUGUST</b>	_____	_____	_____	_____
<b>SEPTEMBER</b>	_____	_____	_____	_____
<b>OCTOBER</b>	_____	_____	_____	_____
<b>NOVEMBER</b>	_____	_____	_____	_____
<b>DECEMBER</b>	_____	_____	_____	_____
<b>JANUARY</b>	_____	_____	_____	_____
<b>FEBRUARY</b>	_____	_____	_____	_____
<b>MARCH</b>	_____	_____	_____	_____
<b>APRIL</b>	_____	_____	_____	_____
<b>MAY</b>	_____	_____	_____	_____