St. Patrick School ~ 2018-19

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CREDIT / DEBIT CARD PAYMENT AUTHORIZATION FORM

I, *(print Cardholder's name)* _____ authorize St. Patrick School to charge my

credit/debit card in payment of the school account of: *(Student's name)* _____.

I authorize these payments to be made according to my preferences checked below. **I understand that a**

per occurrence convenience fee of $15.00 will be added <u>each time</u> my card is charged.

○ *Per my call or email:* Tuition **(+ $15 convenience fee)** will <u>NOT</u> be charged until YOU contact the bookkeeper

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○ *Monthly (per Contract)* ○ *Quarter (July.Oct.Jan.Apr)* ○ *Trimester (July.Nov.March)* ○ *Semester (July.Jan)*

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○ *During this date range:*   **1st to 4th**   **5th to 8th**   **9th to 12th**   *(circle your preference)*

To stop automatic charges to your credit/debit card you must contact the bookkeeper <u>two</u> days prior!

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○ **TOTAL Balance*:** *Total amount due on your school account as of the date charge is run*

*not to exceed: $_____ (+ $15 convenience fee) without being contacted for authorization

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○ **Tuition (+ $15 convenience fee) "plus" the following checked items:**

   ○ **Daycare** *(Monthly charge will be billed on Tuition account from Daycare statement)*

   ○ **Fees: over $100** *(Registration, Student Fees, Kindergarten Supplies, Graduation, PIP: Festival and Semester billing)*

   ○ **Fees: under $100** *(Sports, PIP: monthly billing per Parent Contract or Festival and Semester billing if under $100)*

○ **Tuition (+ $15 convenience fee):** *includes $1 weekly missing Family Envelope fees and/or $35 Delinquent Account fees*

You must contact the bookkeeper to authorize any <u>*additional*</u> payments

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Credit / Debit Card Information

VISA / Mastercard / Discover   #_____-_____-_____-_____

       or   American Express   #_____-_____-_____

Expiration date: MM_____/YY_____   ***<u>REQUIRED</u>*** → Code on back # _____

House number & ZIP where *credit / debit card statement* is sent: House #:_____ ZIP:_____

[NOTE: complete mailing address NOT required]

Cardholder signature: _____ Date: _____/_____/_____