

Credit Card Authorization Consent Form

I, _____ hereby authorize **St. Anthony School** to charge my credit card/debit card

Type of Card: Visa MasterCard Discover Debit Card

Card Number: _____

Expiration Date: _____

Security Code _____

Name of Cardholder: _____

Credit Card Billing Address: _____

Total amount to be charged: _____ \$ (US Dollars)

(\$1.00 fee will be added to transaction \$5-\$75)
(\$3.00 feel will be added to transactions over \$75)

Authorized Signature of Cardholder: _____

By signing this, I acknowledge the charges described on this form, assume full responsibility for said charges, and agree to honor and abide by the terms of payment. I acknowledge and accept St. Anthony's Terms and Conditions.

Signature: _____ Date: _____