



## **CREDIT CARD AUTHORIZATION** **2010-2011 SCHOOL YEAR**

Please accept this letter as your authorization to charge my credit card for all tuition fees due each month. I understand it is my responsibility to inform St. Anne Catholic School of any monies charged incorrectly.

Card Type: V MC AE Discover

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ 3 Digit Security Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Amount to be Charged each month: \$ \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ SAS Account #: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Notes: \_\_\_\_\_