

CREDIT CARD PAYMENT AUTHORIZATION FORM

ST. JOAN OF ARC RELIGIOUS EDUCATION TUITION PAYMENT

I authorize St. Joan of Arc Parish to charge my credit card account in the amount of \$_____ for Religious Education classes (please check one of the following):

[] one time only, upon receipt of this form by the Religious Education Office

[] on the _____ of each month (+/- 3 days), until tuition is paid in full

PRINT NAME ON CARD: _____

TYPE OF CREDIT CARD (Circle One): **MASTERCARD** **VISA** **AMEX**

CREDIT CARD #:

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EXPIRATION DATE: _____ / _____

VERIFICATION CODE ON BACK SIGNATURE PANEL:

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ZIP CODE _____

I agree to forward to St. Joan of Arc Parish any updates to my credit card information, should the credit card on file become expired or declined before balance is paid in full.

I also agree to pay any additional fees charged by my credit card company to St. Joan of Arc Parish in the event that my credit card is declined.

SIGNATURE OF CARDHOLDER: _____

TODAY'S DATE: _____