



Authorization for Credit/Debit Card Use

PLEASE COMPLETE THIS AUTHORIZATION AND RETURN.
All information will remain confidential

Student Name: _____

Name on Card: _____

Billing Address: _____

Credit Card Type: ___ Visa ___ Mastercard ___ Discover ___ AmEx ___ Chk Acct

Credit Card Number: _____

Expiration Date: _____ Card Identification Number: _____ (last 3/4 digits located on the back of the credit card)

Amount to Charge: \$ _____ (USD)

I authorize THE PATRICK SCHOOL to charge the amount listed above on the 1st of each month to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Please Sign and Date

Signature: _____

Date: _____

Print Name: _____

ADMINISTRATOR SIGNATURE: _____ Date: _____