SAINT ANTHONY CATHOLIC SCHOOL

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Website: www.sacsguam.org

Angie Susuico
Principal/Director

Christy Borja
Vice Principal

CREDIT CARD AUTHORIZATION

This is my authorization for automatic charges to be applied to my credit card for the payment listed below to include the transaction fee of 2.8% per transaction:

Parent/Guardian Name	Student/s Name	Homeroom

Period of Transaction/s: Monthly for ____months Date of Monthly Transaction: _____

Monthly tuition of : _____ per month + 2.8% _____ = Total monthly charge of : _____

CARD INFORMATION:

Name on Card:_____ Type of Card (pls circle) VISA MASTERCARD
Print Card Holder Name

Card Number: _____ Expiration date: _____ CVV _____

I, understand that the origination of Credit Card transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this Credit Card and will not dispute these scheduled transactions: so long as the transactions correspond to the terms indicated in this authorization form.

Signature _____ Date authorization issued:_____
Cardholder's signature

OFFICE USE ONLY:

MONTH	DATE PROCESSED	
AUGUST		
SEPTEMBER		
OCTOBER		
NOVEMBER		
DECEMBER		

MONTH	DATE PROCESSED	
JANUARY		
FEBRUARY		
MARCH		
APRIL		
MAY		