

Year 2011-2012

To: Tuition Department
Monica Figueroa
Phone: 305-386-8446, ext. 128
Fax: 305-386-6694

RE: Credit Card Authorization

I (we) hereby authorize Our Lady of Lourdes Parish School to make repeat charges to my credit card on file as indicated below and if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until Our Lady of Lourdes Parish School is notified by me(us) in writing to cancel it in such time as to afforded Our Lady of Lourdes Parish School and Credit Card company a reasonable opportunity to act on it.

Effective date _____ Ending Date _____

Amount \$ _____

Credit Card# _____

Expiration Date _____ Security Code _____

Please circle: Visa, MasterCard, Discover

Cardholder's Name _____

Cardholder's Signature _____

Address _____

City State Zip Code

Phone _____

Student Name: _____ Grade _____

e-mail: _____