



**ST. FRANCIS OF ASSISI CATHOLIC ACADEMY
CREDIT CARD TUITION PAYMENT FORM
(one time payment)**

AMOUNT TO CHARGE:

FOR: TUITION FEES OTHER

DETAILS: _____

*This form authorizes St. Francis of Assisi Catholic Academy to do a one time charge of your payment to your debit/credit card.
THIS FORM WILL BE DESTROYED ONCE PAYMENT IS PROCESSED.*

FAMILY NAME:

STUDENT NAME(S):

GRADE(S):

PLEASE CHECK ONE:

- MasterCard
 Visa
 Discover
 American Express

Credit Card #

Expiration Date (mm/yy)

CVV/Security Code
(3 digits on back or Amex-4 digits on front)

PLEASE PRINT BILLING INFORMATION:

Name on Card: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Email address: _____ Phone Number: _____

AUTHORIZATION: By signing below, I authorize St. Francis of Assisi Catholic Academy to process a one-time charge to the credit card number listed above for payment of tuition.

Signature of Cardholder

Print Name

Date: _____