



Saint Francis Catholic School
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Credit Card Authorization Form

Please sign and complete this form to authorize St. Francis Catholic School to make a onetime debit to your card listed below.

By signing this form, you give SFCS permission to debit your account for the amount indicated. This permission is only for the purpose of charges indicated and for the time span indicated by the cardholder. Please be advised that by running you card with SFCS transactions are inclusive of an additional convenience fee of **\$2.50** for Debit and **2.75%** for Credit. Your personal information will remain confidential.

Once signed, please return this form to St. Francis Catholic School using the contact information above.

Credit Card Account Information:

Card Holder Name: _____
Full Name as it appears on the Card

Billing Address: _____
Delivery Address *Suite or Apartment No.*

_____ _____ _____
City *State* *Zip Code*

Credit Card Type: Other (please indicate): _____

Credit Card Number: - - -

Expiration Date: /

CVV:

3 digit Number on the back of card

Charge Information:

Charge Amount: _____

Purpose of Charge: _____

Name of Student: _____

Contact Information:

Telephone: _____

Email: _____

Authorization and Certification Statement I authorize St. Francis Catholic School to Charge the credit card indicated in this authorization form according to the information outlined above. This payment authorization is for the goods/ services described above, for the amount indicated above only, and is valid for the one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company: so long as the transaction corresponds to the information indicated in this form.

Signature *Print Name* *Date*