



SY 2016-2017 CREDIT CARD AUTHORIZATION PAYMENT FORM

Student Name _____ Grade _____

Please complete the information below:

I, _____ authorize Notre Dame High School, Inc.
FULL NAME

to charge my credit card account indicated below the sum of \$ _____.

Breakdown is as follows:

\$ _____ Set tuition rate due every 5th of the month beginning _____ DATE

OR

\$ _____ set tuition rate ONE TIME charge on _____ DATE

Note: Set tuition rate payments are due on the 5th of every month beginning August 5, 2016 – May 5, 2017. I understand that if my card should decline for any reason and payment is not received on the 5th of each month, my account will be charged automatically the **\$50.00 late fee**. Invalid credit card expiration dates may cause your payment to decline. It is your responsibility to inform the Business Office in writing of any changes to you credit card information.

AND / OR Please circle AND or OR

One time charge for incidental(s): \$ _____
_____ (e.g. Early Registration Fee, Sports Fee, Sports Uniform, T-shirt, etc.)

Account Type:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
Card Number:	_____	Expiration Date: _____ (MM/YY)
Cardholder Name (as it appears on card):	_____	
Billing address:	_____	
City:	State:	Zip:
Contact Phone Number(s):	_____	
Email address:	_____	

By signing this form you are instructing us to charge your account for the amount indicated, on or after the indicated date.

PRINT NAME: _____

SIGNATURE: _____ Date: _____

PLEASE DO NOT EMAIL.

You may fax to (671)789-4847 or hand-deliver or mail to school.



SPONSORED BY THE SCHOOL SISTERS OF NOTRE DAME
ACCREDITED BY THE WESTERN CATHOLIC EDUCATIONAL ASSOCIATION
AND THE WESTERN ASSOCIATION OF SCHOOLS AND COLLEGES

