



**SY 2017-2018 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 5<sup>th</sup> of the month beginning \_\_\_\_\_ DATE
- OR**
- \$ \_\_\_\_\_ set tuition rate ONE TIME charge on \_\_\_\_\_ DATE

**Note:** Set tuition rate payments are due on the 5<sup>th</sup> of every month beginning August 5, 2017 – May 5, 2018. I understand that if my card should decline for any reason and payment is not received on the 5<sup>th</sup> 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.

