

St. Bernadette Parish
7240 W. 12th Ave. Lakewood, CO 80214 (303) 233-1523

Authorization Agreement for Credit Card Payments

I (we) hereby authorize St. Bernadette Parish to initiate debit entries to my (our) Master Card or Visa Credit Card named below. I (we) acknowledge that the origination of this transaction to my (our) account must comply with the provisions of U.S. law.

Check One:

- K-8th grade tuition
 Pre school tuition

Name on Credit Card _____

Mailing Address _____

City _____ State _____ Zip _____

E-Mail _____

Credit Card Number _____ Expiration Date _____

Amount to be Charged (paid) \$ _____

Pay my tuition in full on August 28, 2010 by credit card and give me a 2% discount.

Charge my (our) credit card in full on the 28th of August, 2010.

OR charge my (our) credit card monthly for tuition from August, 2010 through July, 2011. Please check one box below if applicable.

Charges will be made automatically on the 10th of the month.

Charges will be made automatically on the 20th of the month.

I (we) further understand that this authorization is to remain in full force and effect until St. Bernadette Parish has received written notification from me (either one of us) of its termination at least 30 days prior to the effective date of the termination.

Name (please print) Signature Date

Name (please print) Signature Date