

Our Lady of the Valley Catholic School Credit Card Form

Name: _____

I (we) plan to make _____ payment now in the form of a credit card.

(if using multiple cards for a payment, please use one sheet per credit card)

Please provide information below for processing:

Cardholder Name	
Credit Card Type <small>(Visa, MasterCard, Discover)</small>	
Card Number	
Card Expiration date	
Card Security Code <small>(3 digit number on back of card)</small>	
Cardholder Billing Street Address	
Cardholder Billing Zip Code	
Cardholder signature	
Payment for <small>(tuition, registration, fees, etc)</small>	
Invoice number <small>(If applicable)</small>	

_____ This is a one time payment in the amount of \$_____.

_____ This will be a recurring payment in the amount of \$_____ to be charged monthly for _____ (10 or 12) months beginning in the month of _____.

_____ This will be a two (2) part payment.
 First payment will be in the amount of \$_____ and will be charged in the month of _____.
 Second payment will be in the amount of \$_____ and will be charged in the month of _____.

I (we) can be contacted at this number _____ if there is a question about this transaction.

Signature

Date