



## Credit Card Authorization Form

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

CREDIT CARD INFORMATION (as it appears on front of credit card)

Name:

Card Type      MasterCard         American Express         Discover

Account Number : \_\_\_\_\_

Expiration Date: Month/Year \_\_\_\_/\_\_\_\_

Amount to be Paid \_\_\_\_\_

Billing Zip Code \_\_\_\_\_ Very Important!

We cannot process your card if your billing zip code is incorrect. Our terminal will decline the transaction.

**By signing below you authorize Benedictine H.S. to charge your card for the amount due above PLUS a 2.5% convenience fee.**

**You further acknowledge that you are a parent/guardian who has signed our enrolment contract.**

**The convenience fee portion of this transaction is non-fundable. Tuition will be refunded as per the Parent/Student handbook.**

**Signature \_\_\_\_\_ Date \_\_\_\_\_**

If you are not the parent/ guardian who signed the enrollment contract, please sign the attached legal addendum attesting to your knowledge of Benedictine High School refund policy.