

Credit Card Charge Authorization

St. Michael Lutheran



I understand that my card will be charged for invoices that are past due in the program areas of Fine Arts Lessons, Food Service, Athletics, and Extended Care. **I understand that to use these programs I must have this authorization on file.**

I also understand that I can elect to have other program charges charged at my discretion.

The card information will be kept in a secured location with access granted only to our accounting staff. Anytime the card is used to make a payment a copy of the transaction will be sent to you for your records.

Program Area: [Check ✓ the arrow.]

- | | | |
|---|----------------|-----------------|
| ▷ Fine Arts Lessons (Instructor): _____ | ▷ Food Service | ▷ Extended Care |
| ▷ Athletics (Sport): _____ | ▷ Other: _____ | |
| ▷ Tuition | ▷ Book Rental | ▷ Other: _____ |
| ▷ Fundraiser (Type): _____ | ▷ Other: _____ | |

Student's Name(s): _____

Signature: _____ Date: _____

Contact e-mail: _____ Phone: _____

To Be Completed By Card Holder:

Credit Card: VISA or MC only	Amount\$:
Card Number:	Expiration Date:
Last 3 digits on the back of the card:	
Name on Card:	Signature:

Saint Michael Lutheran School, 3595 Broadway, Ft. Myers, Florida 33901 Attn: Pat Conrad: (239) 939-1218 Fax: (239) 939-1839

Office Use Only

Processed By:		Date:	
Note:			
Act. No.	Program No.	Acknowledgement:	Date: