



Permission for Automatic Credit Card Payment
2017-2018 School Year

I, _____

give my permission for all payments due to Saint Anne Catholic School,
be charged to my credit card.

Name on Card _____

Credit Card Type _____

Credit Card Number _____

Expiration Date _____ / _____

Security Code _____

Address _____

Zip code _____

Phone Number _____

Please check:

I do _____ I do not _____ require email permission to the school each time
payment is due.

I do _____ I do not _____ require a phone call for permission to the school
each time payment is due.

Signature: _____ Date: _____

