



# ST. MARGARET'S SCHOOL

## Credit Card Authorization Form

Credit Card Information	
Name on Card:	
Student Name:	
Credit Card Number:	
Expiration Date:	CVV: (3-digit security code on back of card)
Billing Address	
Address:	
City:	Province/State:
Country:	Postal/Zip Code:
Phone:	Email:
Payment Instructions & Authorization	
Amount (CAD)*:	
Purpose of Payment (account payment, donation, etc):	
Card Holder's Signature:	
Date of Authorization:	

\*An administrative fee of 1.75% will be applied to all credit card payments.