RASKOB LEARNING INSTITUTE AND DAY SCHOOL

<u>Credit Card Authorization – 1 time payment</u>

Section 1

     Student Name: _____

     Billing Address: _____

           City: _____ State: _____ Zip: _____

     Daytime Telephone: _____

Section 2

Credit Card Number: __ __ __ __ - __ __ __ __ - __ __ __ __ - __ __ __ __

Credit Card Exp. Date: __ __ - __ __ __ __

3 Digit Code on back of Card: __ __ __

Name on Card: _____

Amount to be charged: $ _____.____

Memo (reason for charge): _____

Section 3

I authorize Holy Names University, on behalf of Raskob Day School, to deduct the amount above as a one time payment from the card named in Section 2.

Authorized Signature: _____ Date: _____

Print Name: _____