



SANTA BARBARA CATHOLIC SCHOOL

274 W Santa Barbara Ave Ste A, Dededo, Guam 96929-5378 USA
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AUTHORIZATION

I authorize SANTA BARBARA CATHOLIC SCHOOL to charge my _____ CARD for my monthly tuition fee. Deductions will be from _____ 2012 to _____ 2013 and will be swiped every 1st of the month.

Cardholder / Parent / Guardian

Student Name / Grade

Credit Card No.

Expiration Date

Amount

Signature of Cardholder

Date

Approved by:

Sr. Jeanette Marie Pangelinan

Date: _____

**For Accounting
purposes only**

Aug : OR# _____

Sep : OR# _____

Oct : OR# _____

Nov : OR# _____

Dec : OR# _____

Jan : OR# _____

Feb : OR# _____

Mar : OR# _____

Apr : OR# _____

May : OR# _____

Note: Please fax duly accomplished form to 632-1414. This Authorization is valid for the school year specified.