



SANTA BARBARA CATHOLIC SCHOOL

274-A West Santa Barbara Avenue * Dededo, Guam 96929

* Tel: 632-5578

* FAX 632-1414

* Website: www.sbcs.edu.gu * Email: info@sbcs.edu.gu

CREDIT CARD AUTHORIZATION FORM

I authorize SANTA BARBARA CATHOLIC SCHOOL to charge my card for my child/ children's tuition fee for SY _____. Deductions will be from _____ to _____ and will be processed every 1st of the month. I also understand that a fee will be collected for every credit card transaction.

Student Name/Grade

Cardholder/Parent/Guardian

Credit Card Number

Expiration Date

CVV Code
(at back)

Amount

Billing Address:

(Street Number/PO Box)

Village

ZIP Code

Signature of Cardholder

Date Signed

Please write down your contact information	
Home	
Work	
Cell	
Email	

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: This is Authorization is valid for the School Year specified. Please email the completed form to sbcsfinance@sbcs.edu.gu.