



SANTA BARBARA CATHOLIC SCHOOL

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EMAIL info@sbc.edu.gu

CREDIT CARD PAYMENT AUTHORIZATION FORM

I authorize SANTA BARBARA CATHOLIC SCHOOL to charge my card for my child/children's Monthly Tuition & Other Fees for SY 2023-2024. Deductions will be from _____ to _____ and will be processed every _____ of the month. I also understand that a fee will be collected for every credit card transaction.

Student Name/Grade:			
Parent/Guardian Name:			
Contact Information:	<input type="checkbox"/> Home:	<input type="checkbox"/> Work:	<input type="checkbox"/> Cellphone: <input type="checkbox"/> email:

Cardholder-Please complete the following section and sign/date below:

Cardholder Name as it appears on the Card:		
Cardholder Billing Address:		
City:	State:	Zip:
Credit Card Number:	Expiration Date:	CVV Code: (At the back)
Credit Card Type: (Check one)	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard <input type="checkbox"/> Discovery <input type="checkbox"/> Debit Card <input type="checkbox"/> Other
Amount:		

Cardholder Signature

Date

Note: This Authorization is valid for the school year specified. Please email the completed form to sbcsfinance@sbc.edu.gu

Accounting Use Only: (for recurring payments)

Month	Receipt Number	Receipt Date
August		
September		
October		
November		
December		
January		
February		
March		
April		
May		

