



SANTA BARBARA CATHOLIC SCHOOL

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CREDIT CARD AUTHORIZATION FORM

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

Student Name / Grade

Cardholder / Parent / Guardian

Credit Card No.

Expiration Date

CVV Code (at back)

Amount

Signature of Cardholder

Date

Approved by:

Sr. Maria Rosario Gaite

Date: _____

Please include your contact information.	
Home	_____
Work	_____
Cell	_____

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.

