Religious Education Tuition Payment

Credit Card Authorization Form

skessler@stjudeboca.org (561) 314-1245

Family Name:_____ Church Envelope #:_____

Name on Credit Card: _____

Billing Address _____ City/State _____Zip Code _____

I authorize St. Jude Catholic Church to charge my credit card account in the amount of $_____ for Religious Education classes (please check one of the following):

☐ Full tuition payment, upon receipt of this form by the Religious Education Office

☐ On the **1st or 15th** of each month until tuition is paid in full*
(Please Circle one)

TYPE OF CREDIT CARD (circle one): MASTERCARD VISA AMEX DISC

CREDIT CARD #:

EXPIRATION DATE:_____/_____
Month Year

VERIFICATION CODE ON BACK SIGNATURE PANEL:

*I agree to forward to St. Jude Church any updates to my credit card information, should the credit card on file become expired or declined before balance is paid in full. I also agree to pay any additional fees incurred by St. Jude Church in the event that my credit card is declined.

Signature of Card Holder:_____Date:_____