

CREDIT CARD TUITION/FEEES PAYMENT FORM

Most Sacred Heart Catholic Church

PSR Program

350 East Fourth Street • Eureka, MO 63025
(636) 938-5048

I (we) hereby authorize **Most Sacred Heart Catholic Church – Eureka, MO** to charge my (our) credit card (indicated below) for tuition/fees **plus a \$10** (one time) credit card usage fee.

Most Sacred Heart Catholic Church is authorized to charge (Tuition + \$10)
\$_____ upon receipt of this form.

Please note: If this charge is not honored by my credit card company for any reason, I (we) understand that I (we) will be withdrawn from this Credit Card Payment Program and will need to make other payment arrangements.

Signature

Date

E-mail address: _____

Card type (circle one): VISA MasterCard Discover

Name as it appears on credit card: _____

Card #: _____

Expiration Date: _____

Security Code (3 digits on back of card): _____