

St. Mary's School
1088 Gillett Street
Prince George, BC V2M 2V3
(250) 563-7502
Email: nforseille@cispg.ca

Credit Card Payment Pre-Authorization Form

Payor Information:

(Full Legal Name Including Middle Initial/s)

Student's Name:

Address:

Home Phone Number:

Cell Phone:

Email:

Credit Card Information

Please Check One: Visa ☐ Amex ☐ Mastercard ☐

Card Number:

Expiration Date: /

Name on Card:

Please charge the above card for payments specified below:

Tuition Payments

15th of the month ☐ last day of the month ☐ Amount to be charged: \$ _____

After School Care Payments

15th of the month ☐ last day of the month ☐ Amount to be charged: \$ _____

☐ I would like my Fall School Supply Fees to be charged to this card with my first tuition payment

By signing below, I, _____, authorize St. Mary's School to charge my credit card on the date(s) I have indicated above. Please note, if payment dates fall on a weekend or statutory holiday, the payment may not process until the following business day.

Name: _____

Signature: _____

Date: _____

Cancellation/Change Policy

I also understand that if I wish to change any payment amounts or dates, I must cancel this agreement and create another. Any changes made will come into effect the date of signing of the new agreement.