



ST. JOHN'S SCHOOL

GUAM, USA

CREDIT CARD AUTHORIZATION FORM (One-Time Charge)

Student's Name: _____ Grade: _____

Card Holder's Name: _____

Mailing Address: _____

Phone Number: (H) _____ (W) _____ (C) _____

Credit Card Information

Type: _____ MasterCard _____ Visa _____ Discover _____ Other: _____

Credit Card Number: _____

Expiration Date: _____ CVC (3 digit #): _____

Amount due: \$ _____

(NOTE: Amount due will be automatically charged minimum of \$ 2.50 or 3% credit card fee.)

Charge date: _____

Remarks: _____

I hereby authorize St. John's School to charge the above credit card for the stated amount.

Signature

Date