

# St. Stephen School Scrip Program

## Credit Card Authorization Form

All information will remain confidential.

Cardholder Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

Credit Card Type: \_\_\_\_\_ Visa \_\_\_\_\_ Mastercard

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Card Identification Number (last 3 digits located on the back of the credit card): \_\_\_\_\_

I authorize St. Stephen School to charge my approved Scrip orders\* to the credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Print Name, Sign and Date Below:

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

Name: \_\_\_\_\_

e-mail: \_\_\_\_\_

\* please write “use credit card on file” **and sign** when submitting your Scrip order forms. Name and signature on Scrip order must match name on Credit Card Authorization Form.