



Sacred Hearts School

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Credit Card Payment Authorization Form

Sign and complete this form to authorize Sacred Hearts School to make a charge to the credit card listed below.

By signing this Authorization Form you give us permission to charge your account for the amount indicated. This is permission for the transaction listed below and does not provide authorization for any additional charges or credits to your account unless otherwise stated below.

Please complete the information below:

I _____ authorize Sacred Hearts School to charge my credit card account.

This payment is for: \$ _____ School Lunches \$ _____ After-School Program **One-time** **Monthly**

\$ _____ Registration \$ _____ Tuition \$ _____ Bazaar/Auction \$ _____ Other _____

Account Type: Visa MasterCard Discover AMEX

Cardholder Name _____

Account Number _____

Expiration Date _____ Security # (3 digit Visa/MC or 4 digit AMEX) _____

Billing Address _____

Street Address

City

State

Zip

Phone _____ Email _____

SIGNATURE _____

DATE _____

I authorize Sacred Hearts School to charge the credit card indicated on this Authorization Form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only unless otherwise indicated. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

Maui Catholic Schools...

Excellence In Education. Foundation For Life.