

# Authorization for Credit Card Use

All information will remain confidential

Name on Card: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Credit Card Type:                      Visa                      Mastercard                      Discover                      AmEx

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

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

Credit Card Security Code: \_\_\_\_\_ (see below image)



Amount to Charge: \$ \_\_\_\_\_ (USD)

I authorize **Holy Cross Academy** to charge the amount listed above to the credit card **ON A RECURRING BASIS** provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

*Cardholder – After clicking the below button to email this form to the HCA office you will also need to go to the HCA office to sign and date their official copy.*

Signature: \_\_\_\_\_

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

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