All Saints Catholic School
641 5th Avenue
Lewiston, ID 83501
(208) 743-4411
Fax (208) 743-9563

Credit Card Charge
Authorization Form

Name____

Address____

City______________________________**State**________________**Zip**_________

I authorize All Saints Catholic School (ASCS) to charge my Credit card monthly as per the instructions listed below:

Visa, Mastercard or Discover Accepted

Name as it appears on the Card

____

Visa or Mastercard Number_________________________

Expiration Date_______________________

Amount per Month $_____________________

***Start Date**______________________

***End Date**______________________

Signature______________________________ **Date**______________________

***All Credit Card Charges will be processed on the 15th of each month.**

Please return completed form to ASCS, Attention: Bookkeeper

(OVER)