



ST. KEVIN HOME AND SCHOOL ASSOCIATION
ONE-TIME USE CREDIT CARD AUTHORIZATION FORM

I, _____, authorize St. Kevin Home and School Association (H.S.A.) to charge on my credit card the following:

Amount to be charged: \$ _____

This charge is for: _____

Credit Card Information:

Credit Card: M/C Visa Amex Discover
(please circle one)

Credit Card Number: _____

Signature Panel Code: _____
(AMEX 4 digit on front of card; DISC, MC/Visa 3 digit on back of card)

Expiration Date: _____/_____/_____
(month) (day) (year)

Credit Card Bill-to Address:

Address _____

City _____ State _____ Zip Code _____

Phone Number: _____

Cardholder's Name: _____
(exactly as it appears on the card)

Signature: _____

Date: _____

Eldest Name of Child: _____ Class: _____