



ST. MARGARET'S SCHOOL

Credit Card Authorization Form

Credit Card Information	
Name on Card:	
Student Name:	
Credit Card Number:	
Expiration Date:	CVV: (3-digit security code on back of card)
Billing Address	
Address:	
City:	Province/State:
Country:	Postal/Zip Code:
Phone:	Email:
Payment Instructions & Authorization	
<input type="checkbox"/> You, the payor, authorize St. Margaret's School to charge the credit card identified above for the deposit/one-time payment/donation amount of \$ _____ CAD on due date as per re-enrollment agreement or tuition invoice.	
<input type="checkbox"/> You, the payor, authorize St. Margaret's School to charge the credit card identified above for the monthly tuition payments on the 1 st of each month or the following business day.	
<input type="checkbox"/> You, the payor, authorize St. Margaret's School to charge the credit card identified above for variable amount (monthly incidentals as detailed on monthly billing statement). Amounts will be charged on the 20 th of each month or the next business day. For variable amount, please specify whether there is a maximum amount \$ _____ CAD per month or indicate N/A if there is no maximum amount.	
You, the payor, may revoke your authorization at any time in writing, subject to providing notice of 30 days. Please contact receivables@stmarg.ca for instructions to upload the completed form to a secured site.	
Card Holder's Signature:	Date of Authorization:

**A convenience fee of 3% will be applied to all credit card payments.*