

ONE TIME
Credit/Debit Card Payments
for Faith Formation Program



I authorize St. Elizabeth R. C. Church to initiate a withdrawal from my credit/debit card named in this application.



Card Holder Name

Billing Address

City, State, Zip Code

Area Code and Telephone: _____

This charge is for: Tuition First Communion Stipend Confirmation Stipend

Card Number: _____

Exp. Date: _____ \$ _____

Security Code: _____ Card Type: Visa Mastercard American Express

Credit Card Debit Card

Card Holder Signature

Date

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FOR ST. ELIZABETH BUSINESS OFFICE USE ONLY:

Parish Account Number ID: _____ Process Date: _____