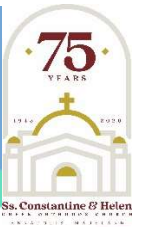




# Ss. Constantine & Helen Preschool



2747 Riva Road, Annapolis, MD 21401  
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## Authorization of Credit Card Use

Student's Name \_\_\_\_\_

Select which services you would like to charge to a credit card. **NOTE: A 3% fee will be added to the amount charged.**

- Tuition
- Before/After Care
- Lunch Bunch
- Other (uniform shirts, activity fees, etc.)

Cardholder's Name (As shown on card): \_\_\_\_\_

Cardholder's Billing Address: \_\_\_\_\_  
*Street City Zip Code*

Credit Card Type (Select one): \_\_\_\_\_ Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ Discover \_\_\_\_\_ AMEX

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

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

Card Identification Number: \_\_\_\_\_ (Last 3 digits on the back of the card)

I authorize Ss. Constantine & Helen Preschool to charge the items selected above, **as well as a 3% surcharge**, to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder's Signature \_\_\_\_\_ Date: \_\_\_\_\_