

POWERS CATHOLIC HIGH SCHOOL
SCRIP CREDIT CARD CONSENT FORM

Please Print The Following Information:

First Name: _____

Middle Name: _____

Last Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Daytime Phone: _____

Evening Phone: _____

Cell Phone: _____

E-Mail Address: _____

Card Type: _____ **Visa** _____ **Mastercard**

Card Number: _____

3 Digit Pin Number On Back Of Card: _____

Expiration Date: _____

*I authorize Powers Catholic High School to charge the above credit card for my authorized SCRIP Purchases. **I understand that if I decide to use a different credit card I will be required to fill out a new Credit Card Consent Form and the existing form on file will become void.***

The issuer of the credit card identified above is authorized to pay Powers Catholic High School for transactions made against this card. I promise to pay such Total (together with any other charges due thereon) subject to and in accordance with the agreement governing the use of the card.

Signature: _____

Date: _____