

Symmes Junior High School ~ D'Arcy McGee High School

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www.symmesdarcy.com



One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize Symmes Junior High School / D'Arcy McGee High School to make a one time debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I authorize Symmes Junior High School / D'Arcy McGee High School to charge my credit card account indicated below for _____ on or after _____. This payment is for
(amount) (date)

(description of fee/item including student's full name)

Billing Address _____

Phone# _____

City, Province, Postal Code _____

Email _____

Account Type: Visa MasterCard

Cardholder Name _____

Account Number _____

Expiration Date _____

CVV2 (3 digit number on back of Visa/MC) _____

SIGNATURE _____

DATE _____

I authorize Symmes Junior High School ~ D'Arcy McGee High School to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the fees/items described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

FAX FORM TO: (819) 684-7521

or

MAIL FORM TO: 701 BOUL. DU PLATEAU, GATINEAU (QC) J9J 3G2