



School Year: 202_ - 202_
Nativity Catholic School Extended Day Debit/Credit Authorization Form
(You must register every year)

I hereby authorize Nativity Catholic School to automatically charge my credit/debit card during the 202_/202_ school year for the balance owed each week.

Please note: It is your responsibility to notify us if your credit card is lost, stolen, or expires. If we are not notified in a timely manner your account may be charged a \$50.00 late fee.

Credit/Debit Card: _____ Visa _____ MasterCard _____ Discover

_____ - _____ - _____ - _____ ____/____ _____
Credit/Debit Card # Expiration Date CVV

Your name as listed on your credit/debit card

Your Signature

_____ _____

Date E-mail address

Daytime Phone Number Cell Phone Number

Address

City, State and Zip Code

_____ _____

Student's First and Last Names and grade Student's First and Last Names and grade

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