

FIRST & FAMILY NAME: _____

Account #: _____

St. Stephen School Scrip Program 2019-2020

Credit Card Authorization Form

~ All information will remain confidential ~

Cardholder Name: _____

Billing Address: _____

Credit Card Type: Visa MasterCard

Credit Card Number: _____

Expiration Date: _____ 3-digit Security Code: _____

I authorize St. Stephen Women's Guild to charge my approved Scrip orders* to the credit card provided herein. I agree that I will pay for my purchases in accordance with the issuing bank cardholder agreement.

Cardholder – Please print name, sign, and date below:

Printed name: _____

Signature: _____

Dated: _____

E-mail: _____

*Please select "Credit Card (On File)" and **sign** your order form when submitting your order. Name and signature on the Scrip order form must catch the name on this Credit Card Authorization form.