

**ST. PHILIP THE APOSTLE RELIGIOUS EDUCATION PROGRAM
1233 W. Holtz Avenue
Addison, IL 60101**

**PRE-AUTHORIZED CREDIT/DEBIT CARD PAYMENT FORM
TUITION PAYMENTS ONLY FOR SCHOOL YEAR _____**

Family Name: _____

Street Address: _____

City/State/Zip: _____

Contact Phone #: _____

E-mail Address: _____ @ _____

Card Type: ___ Visa ___ Master Card

Name as it appears on card (please print): _____

Card Number: _____

Expiration Date: _____ CVV #: _____ (3 or 4 digit # on back of card)

One Payment of \$ _____ OR Multiple Payments of \$ _____ for _____ months

Cardholder's Signature: _____

Date: _____

**Return this form to St. Philip the Apostle Religious Education Office at
1233 W. Holtz Avenue in Addison, IL 60101.**

For questions, please contact the Parish Business Manager at 630-628-0900 x103.