

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 \$ _____ (A new form needs to be submitted to the Business Office for each subsequent payment.)

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.