

# One Time Payment

PRE-AUTHORIZED CREDIT/DEBIT CARD PAYMENT FORM  
ST. PHILIP THE APOSTLE RELIGIOUS EDUCATION PROGRAM  
1233 W. Holtz Avenue in Addison, IL 60101  
TUITION PAYMENTS ONLY

Family Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Card Type:    \_\_\_ Visa    \_\_\_ Master Card

Cardholder's Name (please print): \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Payment Amount: \$ \_\_\_\_\_

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.

# Monthly Payments

PRE-AUTHORIZED MONTHLY CREDIT/DEBIT CARD PAYMENT FORM  
ST. PHILIP THE APOSTLE RELIGIOUS EDUCATION PROGRAM  
1233 W. Holtz Avenue in Addison, IL 60101  
TUITION PAYMENTS ONLY

Family Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Card Type:    \_\_\_ Visa    \_\_\_ Master Card

Cardholder's Name (please print): \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

I understand and acknowledge that the following procedures will apply:

- The amount authorized will be charged each month.
- Payments will be posted on the 15th of each month.
- The form is valid for the 2011/2012 school year unless a written notice of cancellation is sent to the Parish Business Office. This notice must be received at least two weeks prior to the posting date.

Monthly Payment Amount: \$ \_\_\_\_\_ for \_\_\_\_\_ months for a total of \$ \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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