

Stelly's School

1627 Stelly's X Road, Saanichton, B.C. V8M 1S8
Telephone 652-4401 - Fax 652-4404
Website: www.stellys.sd63.bc.ca - E-mail: stellys_high@sd63.bc.ca

Credit Card Authorization Form

I, _____ hereby authorize School District No. 63 (Saanich)
(CLEARLY PRINT THE NAME ON CARD)

to charge my Visa or MasterCard as follows:

Date: _____ Amount: \$ _____

Type of card: Visa _____ MasterCard _____

Card #: __/__/__/_/___ __/__/__/_/___ __/__/__/_/___ __/__/__/_/___

Expiry Date: __/___

After processing card information will be destroyed.

Payment is for (text books, grad, fees, etc): _____

Signature: _____

Address: _____

Phone Number: _____

Student Name: _____

Student Number: _____