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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: _____