



St. Gregory the Great Academy

A Ministry of the Church of St. Gregory the Great

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EDP Recurring Credit Card Payment Authorization Form

Family Name _____

Charges will be processed on the 5th day of the month for the total amount of the previous month's EDP bill. EDP charges for June will be processed prior after the last day of EDP. (Charges for usage in the month of June will be processed within 7 days of the last day of school.)

Credit Card Information:

Name on Card _____ Expiry _____ CVN _____

Card Number: _____ -- _____ -- _____ -- _____

Billing Address Number _____ Billing Zip Code _____

Authorization:

I hereby authorize St. Gregory the Great Academy to process the above listed transactions on the provided credit card. Changes to this authorization must be made in writing.

Cardholder Signature

Date