Pembina Hills
PUBLIC SCHOOLS

# Credit Card Payment Form – School Fees

F 3-4

Accepted forms of credit card payment: **VISA, Mastercard, and Discover**
Please print clearly and fill in all the information below:

Parent/Guardian: _____
LAST NAME FIRST NAME

Street address / Rural address: _____

Mailing address: _____

Town: _____ Postal Code: _____ Phone: _____

Student name: _____ School: _____

Student name: _____ School: _____

Student name: _____ School: _____

Student name: _____ School: _____

| | |
|---|---|
| ☐ FULL PAYMENT | TOTAL AMOUNT: _____ |
| ☐ PAYMENT PLAN | I,_____, give Pembina Hills Public Schools permission to deduct monthly installments for school fees from my credit card account beginning _____ (mm/dd/yyyy) and continuing monthly until _____ (mm/dd/yyyy) and the account is paid in full.<br>Parent/Guardian signature: _____ |

**Please indicate method of payment :** ☐ **VISA** ☐ **MASTERCARD** ☐ **DISCOVER**

**CREDIT CARD NUMBER:** _____

**EXPIRY DATE:** _____ **3 DIGIT CVV NUMBER (on back of card):** _____

**CARDHOLDER SIGNATURE:** _____

**(Office Use Only)**

**Customer Number:** _____

**TOTAL AMOUNT:** _____ **INSTALLMENT AMOUNT:** _____



Revised August 22, 2019