



PROVIDENCE CATHOLIC HIGH SCHOOL

1800 W. Lincoln Highway • New Lenox, Illinois 60451 • (815) 485-2136 • www.providencatholic.org

2023-2024 8th Grade Zero Hour Tuition CREDIT CARD AUTHORIZATION FORM

Email completed form to tuition@providencatholic.org or Mail Attn: Tuition

I authorize Providence Catholic High School to charge the tuition amount to my Credit Card. I understand that in doing so that a 3% service fee will be added to the amount charged.

CARDHOLDER SIGNATURE: _____

(PLEASE PRINT LEGIBLY)

ACCOUNT: (Check one) _____ **VISA** _____ **MASTERCARD** _____ **DISCOVER**

ACCOUNT NUMBER: _____

EXP. DATE: _____ **3 DIGIT SECURITY CODE (on back of card)** _____

NAME OF STUDENT(S): _____

Cardholder Name: _____

Billing Address: _____

City: _____ **Zip:** _____ **Daytime Phone:** _____

Date: _____ **Cell Phone:** _____

Please select the date you would like tuition payments to be processed (circle one):

In full for the year: \$450 (plus fee) August 1 **or** By semester \$225 (plus fee) August 1 & January 1st

<u>OFFICE USE ONLY</u>	<u>TUITION AMT</u>	<u>3% FEE</u>	<u>TOTAL CHARGE</u>	<u>DATE</u>
IN FULL	\$450	\$13.50	\$463.50	_____
AUGUST	\$225	\$6.75	\$231.75	_____
JANUARY	\$225	\$6.75	\$231.75	_____