



# 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 5<sup>th</sup> 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.

### Credit Card Information:

Name on Card \_\_\_\_\_ Expiry \_\_\_\_\_

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.

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Cardholder Signature

Date