



# PROVIDENCE CATHOLIC HIGH SCHOOL

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

## 2024-2025 8th Grade Zero Hour Tuition CREDIT CARD AUTHORIZATION FORM

Email completed form to [tuition@providencecatholic.org](mailto:tuition@providencecatholic.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 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: \_\_\_\_\_

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

In full for the year: \$600 (plus fee) August 1 **or** By semester \$300 (plus fee) August 1 & January 1st

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<u>OFFICE USE ONLY</u>	<u>TUITION AMT</u>	<u>3% FEE</u>	<u>TOTAL CHARGE</u>	<u>DATE</u>
IN FULL	<u>\$600</u>	<u>\$18.00</u>	<u>\$618.00</u>	_____
AUGUST	<u>\$300</u>	<u>\$9.00</u>	<u>\$309.00</u>	_____
JANUARY	<u>\$300</u>	<u>\$9.00</u>	<u>\$309.00</u>	_____