



Credit Card Payment Form – School and Transportation Fees

F 3-4

Accepted forms of credit card payment: **VISA, Mastercard, and Discover**

*Note – Transportation fees are not eligible for payment plan.

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: _____

<input type="checkbox"/> FULL PAYMENT	TOTAL AMOUNT: _____
<input type="checkbox"/> 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. Parent/Guardian signature: _____
Please indicate method of payment : <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> 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: _____	