



Religious Education Tuition Payment  
Credit Card Authorization Form

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**DO NOT UPLOAD OR EMAIL THROUGH OUR WEBSITE; OUR SITE IS NOT SECURE**  
**PLEASE BRING THIS FORM TO RELIGIOUS EDUCATION OFFICE.**

Family Name: \_\_\_\_\_ Church Envelope #: \_\_\_\_\_

**Note: *No child will be turned away for lack of funds.***  
*If you have financial difficulties, please speak with Melanie Ross  
for an agreed upon payment plan.*

I authorize St. Jude Catholic Church to charge my credit card account in the amount of \$ \_\_\_\_\_  
For Religious Education classes (please check one of the following):

Full tuition payment, upon receipt of this form by the Religious Education Office\*

On the **1<sup>st</sup>** or **15<sup>th</sup>** of each month (+/-3 days), until tuition is paid in full\*  
(Please Circle one)

PRINT NAME ON CARD: \_\_\_\_\_

TYPE OF CREDIT CARD (circle one):            MASTERCARD            VISA            AMEX            DISC

CREDIT CARD #:

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EXPIRATION DATE: \_\_\_\_\_ / \_\_\_\_\_

VERIFICATION CODE ON BACK SIGNATURE PANEL:

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ZIP CODE: \_\_\_\_\_

\*I agree to forward to St. Jude Church any updates to my credit card information, should the credit card on file become expired or declined before balance is paid in full.

\*I also agree to pay any additional fees charged by my credit card company to St. Jude Church in the event that my credit card is declined.

Signature of Card Holder: \_\_\_\_\_

Date: \_\_\_\_\_