

SAN MARTIN DE PORRES CATHOLIC SCHOOL
905 N. Texas Blvd.
Weslaco, Texas 78596
956-973-8642

Credit Card Billing Agreement

I, _____ authorize my credit card to be billed for my child's
(print name)

_____ on the _____ of every month.
(tuition, cafeteria, daycare, etc.)

_____ Date Comments _____

Signature

Account Number

Expiration Date (mm,yy)

Visa/Mastercard (Only)