



Our Lady of Good Counsel PTO Gift Card Program Credit Card Authorization Form



I, _____, hereby authorize Our Lady of Good Counsel Catholic School to initiate a charge to the credit card I have specified below, once each month on or near the last day of the month, throughout the 2009-2010 school year, for the amount I have designated on the attached order form as a monthly Standing Order. I understand that this authorization is to remain in full force and effect for the 2009-2010 school year, or until OLGC has received written notification from me of change or termination in such time and in such manner as to afford OLGC a reasonable opportunity to act on it.

Amount of Monthly Standing Order: \$ _____

Name on Credit Card: _____

Credit Card Billing Address: _____

Circle One: American Express VISA Mastercard Diners

Credit Card Account Number: _____

Security Code: _____ (See back of credit card: 3 digits for VISA/MC/Diners, 4 digits for Amex)

Signature: _____ Date of Authorization: _____

PLEASE NOTE: Credit card processing generates fees that reduce our profits! Please consider using Shopwithscrip.com or paying for your Standing Order by check.

Thank you!