



The Church of St. John the Baptist Parish

A Roman Catholic Community
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"A People of God, A Place for His People"

PREP CREDIT/DEBIT CARD PAYMENT FORM

Please provide the following information for the processing of a **Credit/Debit Card Payment**:

Date: _____

Reason for Payment: _____

Name: _____

Student Name & Grade Level: _____

continue all Students' Names and Grade Levels on back if needed.

Type of Card, please circle one: **CREDIT** **DEBIT**

Circle one: Am Ex. MC VISA other _____

If Debit Card, Bank Name/Town: _____

Card No.: _____ **Amount of Payment \$** _____

Security Code: _____ **Card Expiration Date:** _____

Name as it appears on Card: _____

Card Holder's Billing Address: _____

Cardholder's Contact Info:

Cell # _____ **Home #** _____

Email Address _____