

The Church of St. John the Baptist Parish

A Roman Catholic Community 4050 Durham Road, Ottsville, PA 18942 Ph.: 610-847-5521 Fax: 610-847-5522 www.stjohnsottsville.org

PREP CREDIT/DEBIT CARD PAYMENT FORM

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

| Date: | Reason For Payment | |
|-----------------------|--------------------------|--|
| Family Name: | | |
| Students Name & G | rade Level: | |
| Type of Card, please | circle one: CREDIT DEBIT | |
| Circle One: Am.Ex | MC VISA Other: | |
| Credit Card No.: | | |
| Amount of Payment | | |
| If Debit Card, Bank I | ame/Town | |
| Card Expiration Date | = | |
| Name as it appears | n Card: | |
| Card Holder's Billing | Address: | |
| Cardholder's Contac | t Info: | |
| Cell #: | Home# | |
| Fmail Address: | | |