



**St. Marcelline, ASP**  
 Debit/Credit Card Authorization Form  
 (We only accept Visa, MasterCard or Discover)

To authorize a **one-time ASP Fee payment** to your Visa, MasterCard or Discover account, you may complete the form below and the charge will be entered manually; or you may bring your card to the Parish Administration Center to be processed.

Cardholder Information	Credit Card Information
Name: <small>(As it appears on the card)</small>	Circle Card Type: <b>Visa</b> <b>MasterCard</b> <b>Discover</b>
Address:	Account Number:
City/State/Zip:	Expiration Date:
	Security Code: <small>(3 or 4 digits in back if card)</small>
Payment Information	
Payment authorized in the amount of:	Cardholder Signature:
Date:	

To authorize **monthly ASP Fee payments** to your Visa, MasterCard or Discover, please complete the form below:

Cardholder Information	Credit Card Information
Name: <small>(As it appears on the card)</small>	Circle Card Type: <b>Visa</b> <b>MasterCard</b> <b>Discover</b>
Address:	Account Number:
City/State/Zip:	Expiration Date:
	Security Code: <small>(3 or 4 digits in back if card)</small>
Payment Information	
<p>I authorize St. Marcelline to charge the above credit card in the amount of \$_____</p> <p>monthly on the _____ day of each month beginning (date)_____ until the full</p> <p>balance of \$_____ has been paid.</p>	
Cardholder Signature:	Date: