



Raskob Learning Institute
and Day School

Credit Card Authorization – 1 time payment

Section 1

Student Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Daytime Telephone: _____

Section 2

Credit Card Number: _____ - _____ - _____ - _____

Credit Card Exp. Date: ____ - _____

3 Digit Code on back of Card: ____ (4 Digit on front for Amex)

Name on Card: _____

Amount to be charged: \$ _____ . _____

Memo (reason for charge): _____

Section 3

I authorize Holy Names University, on behalf of Raskob Day School, to deduct the amount above as a one time payment from the card named in Section 2.

Authorized Signature: _____ Date: _____

Print Name: _____

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