

# Credit Card Payment Sheet

*Complete only if paying by MasterCard /VISA credit/debit card/Discover Card*

Printed name on credit/debit card \_\_\_\_\_

Billing address for this card \_\_\_\_\_  
Street

\_\_\_\_\_  
City, State, Zip Code

Authorized signature \_\_\_\_\_

MasterCard /VISA/Discover credit/debit card number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration date \_\_\_\_/\_\_\_\_

Amount to be charged on credit card \$ \_\_\_\_\_

3-digit verification number on back of card near signature strip \_\_\_\_

Students Name \_\_\_\_\_

Students School \_\_\_\_\_

Daytime phone# \_\_\_\_\_

Email Address \_\_\_\_\_

For office use only

Enrollment Fee \_\_\_\_\_

ID / Planner \_\_\_\_\_

Yearbook \_\_\_\_\_

P.E. Uniform \_\_\_\_\_

Parking \_\_\_\_\_

Drivers Ed. \_\_\_\_\_

Other \_\_\_\_\_

Total \$ \_\_\_\_\_

If you have questions, call 554-2200  
This form will be shredded after enrollment  
Haysville USD 261, 1745 W. Grand, Haysville Ks. 67060