

WEST ASHLEY HIGH SCHOOL
CREDIT CARD PAYMENT AUTHORIZATION FORM
All information will remain confidential

Mary T. Runyon
Principal

Dr. Nancy J. McGinley
Superintendent of Schools

Mr. Louis J. Martin, Jr.
Associate Superintendent

West Ashley High School

4060 West Wildcat Blvd.
Charleston, SC 29414
Tel. (843) 573-1201

Print legibly all information below please:
Name as it appears on Credit Card: _____
Email: _____
Address: _____
Phone: _____

Please circle the card type and record the 15 or 16 digit number below:
Visa MasterCard American Express Discover Diners Club
Credit Card Number: _____ Exp Date: __/__/__
16 digits for Discover, MasterCard, or Discover: 15 digits for American Express
Card Identification Number: _____
3 Digits for Discover, MasterCard, and Visa (Back of card) 4 Digits for American Express (Front of card)
Amount to be Charged: \$ _____
Payment for: _____

I authorize West Ashley High School to charge the agreed amount listed above to my credit card. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder Signature: _____
Print Name: _____
Date: _____

Once signed return the completed form to:
Mailing Address: West Ashley High School
Financial Services
4060 W. Wildcat Blvd.
Charleston, SC 29414

Or

Email Address: Renaee_Coles@charleston.k12.sc.us
or Debra_Clark@charleston.k12.sc.us
Phone: 1-843-573-1201, ext. 4304
Fax: 1-843-852-4892

Note: Payments for school lunches must be made through the CCSD website for the Cafeteria.

