

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](mailto:Renaee_Coles@charleston.k12.sc.us)

or [Debra\\_Clark@charleston.k12.sc.us](mailto: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.

