PARENTS' ASSOCIATION CREDIT CARD FORM

BIRCH
WATHEN
LENOX
CENTENNIAL
INTEGRITY · LOYALTY · CIVILITY

1916 • 2016

BIWIZE USE ONLY
Amount: \$
Deposit Account: ☐ Yes ☐ No
Processed: ☐ Yes ☐ No
Date:

Parent Name (as it appears on credit card):		
Student(s) Name:	Student(s) Grade:	
Phone Number:		
Email (If you would like a receipt):		
Check one: USA DISC VER NETWORK	AMERICAN EXPRESS	
Credit Card Number:		
Expiration Date (Month / Year): /	Security Code (CVV):	
Zip Code:		
Subtotal for School Supplies / Gym Uniform: \$		
Amount for Deposit Account: \$		
Total Amount Authorized for Credit Card: \$		
Signature:	-	

Once transaction has been processed this form will be deleted. Information is not kept for future use. Please return completed form to the BiWize mailbox in a sealed envelope attention BIWIZE. For additional information or questions please email Biwize@gbwl.org.