

Credit Card Payments

Mastercard, Visa, and American Express



Today's Date: _____

Student's Name(s) _____

Student ID # (s) _____

I authorize PISD – PASAR to charge on my _____ credit card
(Visa MASTERCARD Am Express)

Account the amount of \$ _____

This payment is for monthly tuition for the month of _____

Credit Card # _____

Zip Code: _____

Name on Card: _____

Signature: _____

Expiration Date: _____

Customer # _____

Please fax to: 469/752-3881

Please call PASAR Main #: 469/752-8915 to confirm receipt of your fax.