

ISMET/OIA CREDIT/DEBIT CARD Payment AUTHORIZATION FOR THE MUSLIM EDUCATIONAL TRUST (MET)

Phone: (503) 579-6621 Fax: (503) 590-0201

I hereby authorize MET to charge my credit/debit card, for which information is provided below, with any fees required by the school including, but not limited to, late tuition fees, late pickup fees, school supply fees, lunch money, testing fees, missed volunteer hours, etc. Please refer to the ISMET/OIA School Fee Schedule for more details.

Name on Credit Card:				
Credit Card Number:				
Expiration Date:	(mm/yy)	CCV:	(code on backside o	f card)
Billing Address (please includ	e zipcode):			
Amount to charge: \$				
Name:	(please pri	nt)		
Signature:	Tod	ay's date:		
AUTH I hereby authorize MET to ch fees required by the school in lunch money, testing fees, mi	Fax: (! arge my credit/debit card, cluding, but not limited to	MUSLIM EDUC (503) 579-6621 503) 590-0201 for which informat , late tuition fees, la	ATIONAL TRUST (MET	th any
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Amount to charge: \$				
Name:	(please pri	nt)		

Today's date: