



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 of card)

Billing Address (please include zipcode): _____

Amount to charge: \$ _____

Name: _____ (please print)

Signature: _____ Today's date: _____



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