

NAME	BC BUCKS STANDING ORDER FORM
TELEPHONE #	TOTAL ORDER AMOUNT \$
FAMILY or CHILD to RECEIVE CREDIT (if different from above)	Butler Catholic School 515 East Locust Street Butler, PA 16001 724.285.4276

**This order is to be filled: (please choose one)**

\_\_\_\_\_ Weekly (please circle) Mon Tue Wed Thur Fri

\_\_\_\_\_ Monthly on the \_\_\_\_\_ (please write number – 1<sup>st</sup>, 10<sup>th</sup>, 24<sup>th</sup>, etc..)

(If you would like cards on standing order more than once a month, but not as often as weekly, please use a separate sheet for each date... ie. One for the 12<sup>th</sup> of each month and another for the 25<sup>th</sup> of each month).

\*\*\*Standing Orders will run from September through May of each school year, unless you request differently.\*\*\*

**Please list all cards you would like ordered on this day/date in the table below:**

\*\*\* Because standing orders are paid with credit card, please make sure they have a value of \$100 or more \*\*\*

CARD NAME	VALUE	QTY	TOTAL	CARD NAME	VALUE	QTY	TOTAL
				TOTAL			

Please send my BC BUCKS home with my child \_\_\_\_\_ in Room # \_\_\_\_\_

Please call me at this # \_\_\_\_\_ and I will pick up my BC BUCKS in the school office.

Other: \_\_\_\_\_

**METHOD OF PAYMENT:**

CREDIT CARD:          MASTERCARD                  VISA                  DISCOVER          \$\_\_\_\_\_

\_\_\_\_\_ (CREDIT CARD #)    \_\_\_\_\_ (EXPIRATION DATE)          \_\_\_\_\_ (3-DIGIT SECURITY CODE)

\_\_\_\_\_ (BILLING ADDRESS)    \_\_\_\_\_ (ZIP CODE)

I AGREE TO PAY **TOTAL ORDER AMOUNT** ACCORDING TO CARD ISSUER AGREEMENT:

\_\_\_\_\_ (SIGNATURE)    \_\_\_\_\_ (DATE)