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

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

_____ Weekly (please circle) Mon Tue Wed Thur Fri

_____ Monthly on the _____ (please write number – 1st, 10th, 24th, 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 12th of each month and another for the 25th 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 AMERICAN EXPRESS 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)

REV. 08.26.2018