



Sri Venkateswara Swamy Temple of Colorado

1495 S Ridge Rd, Castle Rock, CO 80104

Phone (303)660-9555, (303)660-3965

Om Namo Venkatesaaya

SVTC SCHOOL FEES CREDIT CARD AUTHORIZATION FORM

Last Name: _____ *

First Name: _____ *

Spouse Name: _____

Billing Address: _____ *

City: _____ State: _____ Zip Code _____ *

Mailing Address: _____

Phone: _____ * Email: _____ *

Child's Name	Age	Teacher/Class
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Authorization Amount:

Amount/Month: \$ _____ Start Date: _____ End Date: _____ *

Frequency: [] Monthly [] Quarterly [] 6Months [] Yearly *

Card Type: [] Visa [] MasterCard [] American Express [] Discover

Name On The Card _____ *

Card No: _____ *

Exp. Date: _____ * CVV _____ *

Cardholder Signature: _____ * Date: _____ *

Note: Please contact svtcfinance@svtempleco.org with any changes to your credit card or amount.

May The Blessings Of Goddess Padmavathi and Lord Venkateswara Be With You Always