

**Pomona Catholic  
Credit Card Authorization Form  
and Wire Transfer Instructions**

**Credit Card Authorization Form**

Name \_\_\_\_\_ Alumni Graduation Year \_\_\_\_\_  
Student Name \_\_\_\_\_ Grade \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_@\_\_\_\_\_

Type of Card <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Other _____
Name on Card _____
Account Number _____ Exp. _____
Bank Reference Number or Security Code _____
Amount \$ _____

I hereby authorize Pomona Catholic to withdraw a single transaction from my account listed above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Wire Transfer Instructions**

Account Name: Archbishop of Los Angeles Sole Corp, Pomona Catholic High School  
Account Number: 000210906345 Routing Number: 026009593  
Bank Swift Number: BOFAUS3N  
Bank Address:  
Bank of America, 444 S. Garey Avenue, Pomona, CA 91766 USA

Please mail, email, or fax completed form to:  
Pomona Catholic mshelton@pomonacatholic.org  
Attn: Finance Department  
533 W. Holt Avenue 1-909-629-5768 FAX  
Pomona, CA 91768