



Academy of Our Lady of Guam

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"...dedicated to excellence."

CREDIT CARD AUTHORIZATION **SY 2025-2026**

I _____, authorized AOLG to charge my VISA/ MASTER CARD/ DISCOVER/ AMEX
number _____ - _____ - _____ with an expiration date ____/____.

for _____, _____ the following fees for **SY 2025-2026:**
(Name of Student) (Grade)

Monthly Tuition Fees (\$590.00)

Effective Date: From __ 1st, 5th, 10th to May __, 2026

For Seniors : From __ 1st, 5th, 10th to **May 1st** 2026

Quarterly Payment

Quarterly rate of \$1475/ 3 months
Last quarter payment of \$1425

Effective Date: 08/01/25 \$ 1,475.00

10/03/25 \$ 1,475.00

01/05/26 \$ 1,475.00

03/06/26 \$ 1,425.00

Total \$ 5,850.00

Registration Fee

Paid Before 05/30/25 \$ 500.00

Paid on or before 06/30/25 \$ 550.00

Paid after 06/30/25 \$ 600.00

Annual Fee

Effective Date **3/1/2025** \$ **889.00**

\$889.00 must be completed by Oct 1, 2025

Graduation Fee (12th grade)

Others: _____

(Initial)

NOTE 1: All debit/ credit card transactions will be charged a processing fee that will reflect on the card transaction receipt, based on the schedule of Vitalchek fees.

\$0.01 to \$50.00	\$2.50
\$50.01 to \$ 100.00	\$3.25
\$100.01 to \$ 125.00	\$3.75
\$125.01 to \$150.00	\$4.50
Greater than \$150.00	2.75%

(Initial)

NOTE 2: If the schedule is on the 10th and it falls on a weekend, the processing will be on a Friday before the weekend.

If the schedule is on the 10th and it falls on a FRIDAY (HOLIDAY), the processing will be on a THURSDAY before the weekend

Signature of Cardholder

Date

Contact Numbers:

Home Phone: _____

Work Phone : _____

Cell Phone : _____

Email Address: _____

Mailing Address:

Accredited by Western Association of Schools and Colleges and Western Catholic Educational Association

This institution is an equal opportunity provider and employer.