

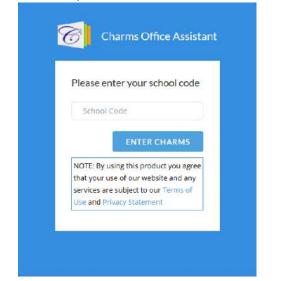
Pedro Menendez High School • 600 State Road 206 • St. Augustine, FL 32086 Falcon Regiment Band Boosters Association

## **Making Online Payments with Charms**

1. Access Charms' website.



3. Enter your school code **PedroMHSBand** and then click



4. For **Student Area Password**, type your password, and then click **Enter**. If this is your first time using Charms the password will be your child's school student ID (use numbers ONLY).

Student Area Password: (Car Ent f this is the first time you have logged password is your ID number.	er Show Hint		Trip Chap	erone Passwe	ord: Enter	Non-Parent Voluntee
					/(	LTIPLE STUDENTS' BUTTON BELOW
	O DO YOU RAVE N	• • • • •	SINC CHAIRNES YOU			
	HILLS MY					
	Calendar	e eest Event List	Volunteer	Email Staff	Handouts & Files	Website
		Event List	Volunteer	Email Staff	Handouts & Files	Website
	Coloreda Finances		Volunteer Columneer Absences	Email Staff	Handouts & Files	Website.
	Finances		0	凤	Investory	Website.

6. Make the applicable credit card payment.



Pedro Menendez High School • 600 State Road 206 • St. Augustine, FL 32086 Falcon Regiment Band Boosters Association

• For a Miscellaneous Ledger Payment, in the **Student Miscellaneous Ledger Detail** section, click **Make Miscellaneous Payment**.

sudencer ma	inclai Statement	
	Trip Ledger Bal	ance Credit
	Fixed Pay	ments Due
	Fundraising Bal	ance Credit
	Miscellaneous Bal	ance Credit
	CREDI	T BALANCE
	ed Payment Detail Pay Exed Payments	
Paid Date	Item Total F	ixed Payments Due
Paid Date	Total F Total F	ixed Payments Due ixed Payments Paid aid Fixed Payments
	Total F Total F	ixed Payments Paid
There is no f	Total F Total F Total Unp	ixed Payments Paid aid Fixed Payments
There is no f	Total F Total F Total Unp Fundraising Activity	ixed Payments Paid aid Fixed Payments

7. Verify the **Total to be Charged to Card** is correct, add you credit card information, and then click **Start Payment**. Note our band will use **AffiniPay** for credit card payments. If you have any issues email <u>bandboosterspmhs@gmail.com</u>.

EMENT: CTRANSFER REQUEST:	-			
AP - Pay 1	Throug	h Affini	Pay	
Amount to Pay and Description	5			
NOTE: THIS PER	IS TO COVE	R THE CREDI	IT CARD PROCESSI	ING FEE.
"Additional Donation":	1.95%			
Total to be Charged to Card:	\$ 0			
Card numb	er:	Expires:		
Name on card:		Card code	é	
Billing address:				
Shoot number				
Apartment or sullsi	Phone			
	State	÷		
21pt conthe	United S	tates ‡		
Email address:				