

CREDIT CARD PAYMENT AUTHORITY

Date:/...../.....

TO:
Principal
St Clare of Assisi Primary School

I hereby authorise this deduction to be made from my credit card account on a MONTHLY basis.

NEW / AMENDMENT (please circle)

All payments are processed on the 10th of every month.

Mastercard Visa

Card No: ---

Expiry Date/.....

Name as appears on card

Daytime Phone No.

Amount (\$)

Student/s Name/s Year

..... Year

..... Year

..... Year

Payment for School Fees Other.....
(Details)

Signature:

Received by.....

Processed on