

# CREDIT CARD AUTHORISATION



If you wish to pay by credit card please complete the form below and return it with your ORDER / PERMISSION FORM / OR STATEMENT

Student name: \_\_\_\_\_ Grade: \_\_\_\_\_

PARENT NAME: \_\_\_\_\_

Phone Number: \_\_\_\_\_

PAYMENT IS FOR \_\_\_\_\_

\_\_\_\_\_

Please debit my Credit Card for the amount of \$ \_\_\_\_\_

Bankcard

Mastercard

Visa

**Card number:**

				-					-					-				
--	--	--	--	---	--	--	--	--	---	--	--	--	--	---	--	--	--	--

**Expiry Date** \_\_\_\_ / \_\_\_\_

**CARDHOLDER NAME (Please print)** \_\_\_\_\_

**Address:** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_



Receipt: Child's Name \_\_\_\_\_

Grade: \_\_\_\_\_

Payment Received by credit card: \$ \_\_\_\_\_

For \_\_\_\_\_

Date \_\_\_\_\_ Business Manager: \_\_\_\_\_