



## AUTHORITY FOR PAYMENT OF UNIFORMS BY CREDIT CARD

Full name(s): \_\_\_\_\_

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

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

Student(s) Full Name: \_\_\_\_\_

I wish to use my **Credit Card** for the payment of uniforms to **St Michaels Thirroul P&F Association** (*the merchant*). I hereby authorise the merchant to debit my Card Account with the amount and at intervals specified below.

This authority shall stand, in respect of the above specified Card and in respect of any Card issued to me in renewal or replacement thereof, until I notify the School (merchant) in writing of its cancellation.

### PLEASE COMPLETE ALL DETAILS BELOW

Payment Amount: \$ \_\_\_\_\_

Cardholder Name (as appears on card): \_\_\_\_\_

Type of Card (circle)

**MasterCard**

**Visa**

Card Expiry Date: \_\_\_\_/\_\_\_\_  
mm yy

Cardholder's Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Card No:

**Office Use Only:**

Reference No. / Fee Paying Contact No.: \_\_\_\_\_

**Form to be retained for school records. Do not forward to CDF**