



**ST MARYS PRIMARY SCHOOL
CREDIT CARD DEBIT AUTHORISATION**

ELDEST CHILD'S NAME : _____ **CLASS** ___/___

TYPE OF CREDIT CARD: Mastercard Visa

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Expiry Date: ___ / ___ **CVV:** _____

Exact Name on Card: (please print) _____

SIGNATURE: _____ **AMOUNT TO DEBIT :\$** _____

Please complete and email to the bursar on bursar@smaltona.catholic.edu.au or deliver in person to the office