

# CREDIT CARD PAYMENT

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

Time:       :       am  
                  pm

TO:  
St Francis Xavier College  
FLOREY

I hereby authorise this deduction to be made from my credit card account.

(Please circle)   WEEKLY   FORTNIGHTLY   MONTHLY

NEW / AMENDMENT (please circle)

commencing on ..... / ..... / .....

Mastercard                                   Visa                                   Bankcard

Card No: ---

Expiry Date ...../.....

Name as appears on card .....

Daytime Phone No. ....

\$ .....

Student/s Name/s ..... Year .....

..... Year .....

..... Year .....

Payment for School Fees

Other.....  
(Details)

Signature: .....

Received by.....

Processed on .....