

Credit card payment

Date	Time
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TO: Business Manager, St Francis Xavier College FLOREY

THIS SECTION TO BE COMPLETED BY CARD HOLDER			
I hereby authorise this deduction to be made from my credit card.			
Payment agreement	☐ New ☐ Amendment		
Payment frequency	☐ Weekly ☐ Fortnightly ☐ Mont	hly	
Credit card type	☐ Visa ☐ Mastercard		
Card number			
Expiry date	/ ccv		
Name on card			
Cardholder Signature			
Deduction amount	Deduction start da	te	
Daytime phone number			
Payment for	☐ School fees ☐ Other	(details)	
Student name/s		Year	
		Year	
		Year	

THIS SECTION TO BE COMPLETED BY FINANCE OFFICE	
Family code	
Received by	
Processed on	