

CREDIT CARD AUTHORITY



St Mary MacKillop College

PO Box 5370, West Busselton WA 6280
Phone: 08 9752 7400
Email: finance@mackillop.wa.edu.au
www.mackillop.wa.edu.au

OFFICE USE ONLY:

Payment Reference:

Customer No:

Customer details:

Name:	
Address:	
Phone:	
Email:	
Name of eldest child at SMMC:	Year:

Payment details:

Amount: \$				
Frequency (please circle):	Monthly	Fortnightly	Weekly	3 Instalments
First payment date:	/	/		
Last payment date:	/	/		

Credit card details:

Credit card number:	____ / ____ / ____ / ____		
Expiry date:	__ / __	CCV:	____
Name on card:			

Authority to debit:

I authorise St Mary MacKillop College to charge my credit card with the payment details listed above.	
Signature:	Date:

OFFICE USE ONLY:	
Processed in NAB by:	Date:
Recorded in AoS by:	Date: