

By choosing this payment option, you are agreeing to have the relevant funds available in your account each term or year. Please note that all credit card payments will be subject to a surcharge of 1%.

PARENT NAME: _____

PARENT ADDRESS: _____

EMAIL ADDRESS: _____

Parent ACCOUNT Number (if known): _____

☐ EA ☐ EDEBI ☐ A ☐ E ☐ E ☐ C ☐ EDI ☐ CA ☐ D ☐ ACC ☐ F ☐ A ☐ CHA ☐ GED
☐ ☐ A

I/we wish to use my credit card to pay for the above goods/services supplied to me by St Margaret's Anglican Girls School.

I/we hereby authorise St Margaret's Anglican Girls School to debit my card account with the amount and at the intervals specified above and in the event of any change in the charges for these goods/services to alter the amount from the appropriate date in accordance with such change.

is authority shall stand, in respect of the above specified card and in respect of any card issued to me in renewal of replacement thereof, until I notify St Margaret's in writing of its cancellation.

CREDIT CARD TYPE: ☐ VISA CARD ☐ MASTERCARD ☐ AMEX

CARDHOLDER'S NAME: _____

CREDIT CARD NUMBER: _____ / _____ / _____ / _____

EXPIRY DATE ____ / ____

CARDHOLDER'S SIGNATURE: _____ DATE _____

☐ EA ☐ E ☐ E ☐ F ☐ D ☐ C ☐ ID ☐ DC ☐ B ☐ F ☐ C ☐ / ☐ G ☐ C ☐ / ☐ B ☐ D ☐ C ☐ B ☐ F