



ST JOSEPH'S CATHOLIC HIGH SCHOOL

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AUTHORITY FOR PAYMENT BY CREDIT CARD

Full Name(s): _____

Contact Phone Number: _____

Student(s) Full Name: _____

Student(s) Year/Homeroom(s): _____

I request the use of my **Credit Card** for the payment of school uniforms to **St Joseph's Catholic High School, Albion Park P & F Association** (the merchant). I hereby authorise the merchant to debit my card account with the amount specified below.

PLEASE COMPLETE ALL DETAILS BELOW

Payment Amount: \$ _____ Payment Date: ____ / ____ / ____

Cardholder Name (as appears on card): _____

Cardholder Signature: _____

Type of Card (circle) **Mastercard** **Visa**

Card Expiry Date: ____ / ____ CVV Number: _____

Card Number: ----- -----