



2021 CREDIT CARD REGULAR PAYMENT AUTHORISATION

Please charge my credit card as detailed below:

Card Type Mastercard Visa American Express

Card Number _____

Expiry ____/____ Amount \$ _____

The first debit may be made on __ / __ / __ and at intervals

Payment Plan Weekly Fortnightly Monthly

Cardholders Name _____

Cardholders Signature _____

Student Name _____

Family Code
(if known) _____