ARANMORE
CATHOLIC COLLEGE

CREDIT CARD
REGULAR PAYMENT AUTHORISATION FORM

Please charge my credit card as detailed below:

Card Type Mastercard ☐ Visa ☐ American Express ☐

Card Number _

Expiry _ _/_ _ Amount $ _____

Payment Plan Weekly ☐ Fortnightly ☐ Monthly ☐

First debit to be made on _____ /_____/_____ with a final debit on _____/_____/_____

Cardholders Name _____

Cardholders Signature _____

Date _____

Student(s) Name(s) _____

Family's Account Number _____

Family's Payment Reference Number _____