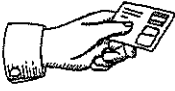


TO BE USED WHEN NECESSARY
Minimum amount is \$20.00
Please add credit card slip to permission note for payment.



CREDIT CARD PAYMENT SLIP

(Minimum amount: \$20.00)

Student Name: _____ Class: _____

Payment for: _____ Total Paid: \$ _____

Type Payment: (Please tick) ☐ Visa ☐ Mastercard ☐ Bankcard

Card Number: _____ Expiry Date: _____ / _____

Verification No: (Last 3 digits on back of Signature Panel) _____

Cardholder's Name: _____ (Please print)

Cardholder's Signature: _____ Daytime Telephone: _____



CREDIT CARD PAYMENT SLIP

(Minimum amount: \$20.00)

Student Name: _____ Class: _____

Payment for: _____ Total Paid: \$ _____

Type Payment: (Please tick) ☐ Visa ☐ Mastercard ☐ Bankcard

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Verification No: (Last 3 digits on back of Signature Panel) _____

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