



# BANGALOW PUBLIC SCHOOL

## CREDIT CARD PAYMENT

Please complete the Authority below:

Master Card

Visa

**Please Debit Acc No:**

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**Cardholder's Name:** .....

**Student's Name** .....

**Payment for:** .....

**Amount:** \_\_\_\_\_

**Card Expiry Date:** M / M / Y / Y

**CCV NO.:** ...../...../..... (last 3 digits on back of card)

**Cardholder's Signature:** .....

**Cardholder's Phone Number:** .....

**Completed form may be posted to:  
Bangalow Public School, Byron Street, Bangalow 2479**

**OR faxed to 02 6687 2036**