

PERIODICAL PAYMENT BY CREDIT CARD

I/We request and authorise St Ursula's College Ltd to process periodical Credit Card payments as follows:

CARDHOLDER'S NAME _____ AMOUNT \$ _____

SIGNATURE: _____ EXPIRES ____/____/____ Mastercard Visa

CARD NUMBER																				
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CCV NUMBER ON BACK OF CARD LAST 3 DIGITS			
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I/We wish to make weekly / fortnightly / monthly / term payments to St Ursula's College Ltd for:

Fees Account \$ _____

Uniform Shop \$ _____

Other \$ _____ Please specify _____

Term of.....Weeks / fortnights / months / term beginning.....(Date)
(Number of)

Other Information if required:.....