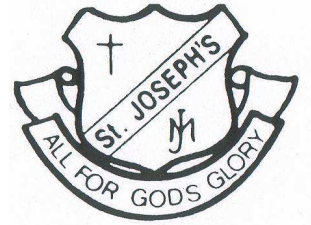


CREDIT CARD PAYMENT AUTHORITY



Date:/...../.....

TO:

Principal
St Joseph's School, O'Connor

I hereby authorise this deduction to be made from my credit card account on the 15th of each Month.

NEW / AMENDMENT (please circle)

commencing on 15 / / 20.....

Mastercard Visa

Card No: - - -

Expiry Date/.....

Name as appears on card

Daytime Phone No.

Amount (\$)

Student/s Name/s Year

..... Year

..... Year

..... Year

Payment for School Fees

Other.....
(Details)

Signature/s:

Received by.....

Processed on