



Credit Card Payment Service

St Martin of Tours Primary School
2 -12 Silk Street
Rosanna 3084
Phone Number: 8458 7500

Family Name

Account No

(6 digit number on account)

Please charge my Credit Card: Visa/Mastercard(**circle one**) Amount \$.....

CAMP WILL BE INCLUDED IN PAYMENTS- you will be advised of the amount via email

Your email address.....

Card No

Expiry Date

Cardholder Name

Cardholder Signature

For office use only for calculations

Total family fee	Monthly amount over 10 months