

DAKABIN STATE HIGH SCHOOL



Student Name: _____ Form: _____

Date: _____ Activity/ Excursion: _____
(eg yr 8 camp/Geog exc)

IF PAYMENT IS BEING MADE BY CREDIT CARD VIA YOUR STUDENT OR MAIL PLEASE COMPLETE:

I hereby authorise the school to debit my Credit Card \$_____ One payment only
 Multiple partial payments \$_____ every week / fortnight / month Start Date _____

Cardholder Name (Please Print) _____

Card Type (Please Tick) Mastercard Visa

Card Number: |_|_|_|_| |_|_|_|_| |_|_|_|_| |_|_|_|_|

Expiry Date |_|_|/|_|_| Security Number |_|_|_|

Cardholder's Signature: _____

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