

# 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 |\_|\_| / |\_|\_|

Cardholder's Signature: \_\_\_\_\_

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