ST AUGUSTINE'S SCHOOL

CREDIT CARD AUTHORISATION FORM

Family Name:……..

Commencement Date:…….. (dd/mm/yy)

Frequency: Fortnightly Monthly Quarterly (please circle)

Amount: $.....

Until Date:…… (dd/mm/yy)

Card type: Visa ☐ MasterCard ☐ (please tick)

Card Number: _ _ _ _/_ _ _ _/_ _ _ _/_ _ _ _

Card Expiry Date: _ _/_ _

Name on Card:……..

Card Holders Signature:…… Date: _ _/_ _/_ _

St. Augustine's School Frankston South
Golf Links Road, Frankston South, VIC 3199
PO Box 63, Baxter, VIC 3911
Phone: (03) 9781 3007 | Fax: (03) 9770 5053
Email: admin@safranksth.catholic.edu.au