



BALLARAT HIGH SCHOOL
PAYMENT VOUCHER FOR VISA and MASTERCARD

Student Name:

Form:

Payment to be applied to *(please specify)*:

Amount \$:

Card Holder's Name:

(please print)

Ph:

Card No: ____ / ____ / ____ / ____

Visa

Card Expiry Date: ____ / ____

MasterCard

Total Amount: \$

(tick applicable box)

Signature of Card Holder:

Date: