



**St Mary MacKillop College**

PO Box 5370, West Busselton WA 6280  
College Avenue, Busselton WA 6280  
Tel: 08 9752 7400  
Email: [finance@mackillop.wa.edu.au](mailto:finance@mackillop.wa.edu.au)

## ONCE-OFF CREDIT CARD DEBIT AUTHORITY

Name:			
Address:			
Email Address:			
Phone Numbers:	(H)	(W)	(M)

### CHILDREN ATTENDING ST MARY MACKILLOP COLLEGE:

Name	Year

I/We give St Mary MacKillop College authority to debit my/our credit card for the amount outlined below:

### CREDIT CARD DETAILS:

Type of Card (please circle):	Mastercard	Visa
Name on Card:		
Credit Card Number:	____ / ____ / ____ / ____	
Expiry Date:	__ / __	
Total Amount Authorised for Debit:	\$	
Reason For Payment		

.....  
Signature

.....  
Date