



LIWARA CATHOLIC SCHOOL

AUTHORITY CREDIT CARD PAYMENT REQUEST

Family Name:.....

Name & class of eldest child.....

Please debit my credit card (details as supplied below for the amount of \$.....

Being Payment for **UNIFORM ORDER**

Card details

Visa Mastercard Bankcard

Name on Card.....

Card Number:

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Expiry Date:

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 (as shown on card e.g. 10/06)

Signature:.....

NOTE: Information contained on this form will be handled confidentially in accordance with Liwara's Privacy Policy.

Office Use only:
Name:.....Amount\$.....
Payment processed on:.....Approved.....
Receipt/forwarded to parent on:.....
Payment processed to School Account: Uniform Shop.....Date:.....