



# Mary MacKillop College Kensington

## Credit Card Single Payment Authority

Student Name .....	Year Level .....
Student Name .....	Year Level .....
Student Name .....	Year Level .....

I authorise Mary MacKillop College to debit my credit card as detailed below

Payment for .....	Amount .....
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Credit Card    Visa     Mastercard

Card Number .....	CCV .....
Name on Card .....	Expiry Date .....
Signature .....	Date Signed .....

### Please return this form Via post or email

Attention: Finance  
 Mary MacKillop College  
 PO Box 4034  
 Norwood South SA 5067

Email: [finance@marymackillop.sa.edu.au](mailto:finance@marymackillop.sa.edu.au)

**Office Use Only**

Debtor ID .....

Received by ..... Date .....

Processed by ..... Date .....

**Circle**

In Person    by Post    by Email    by Phone

Spreadsheet    QS

## Courage to lead

(08) 8333 6300  
[admin@marymackillop.sa.edu.au](mailto:admin@marymackillop.sa.edu.au)  
[marymackillop.sa.edu.au](http://marymackillop.sa.edu.au)