
CATHOLIC SCHOOLS BOARD LIMITED

CREDIT CARD/EFTPOS

*If you wish to make a payment by credit card
please complete your details below and return to our office,
Catholic Schools Board Limited, PO Box 12341, Thorndon, Wellington 6144*

Please print the following details:

CREDIT CARD PAYMENT AUTHORITY

Name of Cardholder: _____

Credit Card Number: - - -

Expiry Date: ____ / ____ Visa MasterCard

Amount: \$ _____

Signature of Cardholder: _____ Date: _____

Please print the following details:

Payment for: Family Account Number _____

Name _____

Address _____

Phone Number _____

For Office Use:

Account Number: _____ Amount: \$ _____ Date Received: _____