

PICNIC POINT PUBLIC SCHOOL
Credit Card Payment Authorisation
email: picnicpt-p.school@det.nsw.edu.au

Student Name: _____

Class: _____

Payment for: _____

Amount: _____ VISA MasterCard

Card Number

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Cardholder's Name: _____ Verification No:

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Cardholder's Signature: _____ Expiry Date:

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CREDIT CARDS CANNOT BE USED FOR PAYMENTS LESS THAN \$10.00

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