



WEMBLEY PRIMARY SCHOOL

CREDIT PAYMENT FORM

1. Please complete Sections A & B for all payments.
2. Please ensure TOTAL equals Credit Card Amount to be charged.
3. Send this form to School Office.

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SECTION A: Details of Payment

STUDENT'S NAME: _____

PARENT/GUARDIAN NAME/S: _____

PARENT CONTACT: _____ WORK/HOME: _____

MOBILE: _____

Student Name

Payment for

Amount

1.		\$
2.		\$
3.		\$
4.		\$
TOTAL		\$

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SECTION B: Credit Card Payment

(a) Type of Card (tick one) Visa MasterCard

(b) Card Holder's Name: _____

(c) Card Holder's Number:

(d) Expiry Date of Card: _____ / _____

(e) Amount to be charged: \$ _____

(f) Signature of Card Holder: _____

**Please send this form to the school office or email to wembley.ps@edumail.vic.gov.au