

Enrolment Deposit
CARD PAYMENT AUTHORISATION



Student Name(s) _____

Parent Name (s) _____

Name on card _____

Mastercard
Card No.

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| | | | | |
| | | | | |

 Visa

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 CCV

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Card expiry date _____ / _____ / _____

Amount \$ 100 _____

Signature _____ Date _____ / _____ / _____