



Mary MacKillop College
Kensington

Credit Card Single
Payment Authority

Student Name

Student Name

Student Name

Year Level

Year Level

Year Level

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

Single Payment for

Amount

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

e: finance@marymackillop.sa.edu.au

t: 08 8333 6300

Office Use Only

Debtor ID

Received by

Date

Processed by

Date

In Person By Post By Email By Phone

Spreadsheet QS