

**WATSONIA NORTH PRIMARY SCHOOL – CREDIT CARD VOUCHER (Minimum Payment \$10)**

Student 1 – Name:		Rm:		Payment for:		Amount	
Student 2 – Name:		Rm:		Payment for:		Amount	
Student 3 – Name:		Rm:		Payment for:		Amount	
Student 4 – Name:		Rm:		Payment for:		Amount	

Please charge my  VISA

MASTERCARD

**TOTAL AMOUNT OF TRANSACTION** \$ \_\_\_\_\_

Card Number:

Expiry Date: \_\_\_\_\_ / \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_

Phone No: \_\_\_\_\_

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