

CREDIT CARD ONLINE PAYMENT SERVICE (COPS)

St Mary's Primary School

210 Grimshaw Street
GREENSBOROUGH 3088
Ph 9433 4000

FAMILY NAME

ACCOUNT NUMBER

Please charge my Credit Card: VISA / MasterCard Amount \$

Card Number _____

Expiry Date ____ / ____ CCV _____

Cardholder Name

This amount will be automatically charged to your credit card on the 15th of each month
(or the nearest work day after).

Starting Date 15 / __ / ____ until 15 / __ / ____ or ONGOING (*please circle*)

Signature..... Date