

# ASCHAM SCHOOL



## AUTHORISATION FOR CREDIT CARD CHARGE

Card holder's name (as it appears on the card)

\_\_\_\_\_

Daughter(s) name(s) (given and surname)

\_\_\_\_\_

Ascham account code (as printed on your bill)

\_\_\_\_\_

**I hereby authorise Ascham School to debit my**

Visa card	<input type="text"/>	Card number	_____ - _____ - _____
Mastercard	<input type="text"/>	Card number	_____ - _____ - _____
American Express	<input type="text"/>	Card number	_____ - _____

Please tick which card applies and include the card number

**Expiry date** \_\_\_\_\_  
(mm/yy)

Amount

Payment to School	\$	<input type="text"/>
Merchant service fee*	\$	<input type="text"/>
Visa/Mastercard	0.88%	<input type="text"/>
American Express	1.65%	<input type="text"/>
Total charge authorised	\$	<input type="text"/>

\* Please add this fee to your payment.

This additional amount is the cost incurred by the School for providing this payment option.

Signed \_\_\_\_\_

Date \_\_\_\_\_