

**Thorndon Park OSHC Credit Card Payment Option**

Please use **BLOCK LETTERS**

Student Family Name ..... Student/s Given Name .....

Parent / Guardian Name (please print) .....

Address: .....

Post Code: ..... Telephone: Home ..... Work ..... Mobile.....

I authorise Thorndon Park OSHC to debit my credit card supplied below for (please detail reason for debiting account eg. OSHC fees, Vacation Care fees or both OSHC and Vacation Care fees)

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- Payments will be processed weekly on a Tuesday. It is your responsibility to make sure the account supplied has available funds for processing the payment as directed.
- If you wish to change your credit card details you will need to complete a new form, available from the Thorndon Park OSHC office.

This form is **ONLY VALID** if it is signed by the parent/caregiver and returned to the Director.

Acceptance Signature: ..... Date: .....

**AUTOMATED INSTALMENT PAYMENTS VIA CREDIT CARD**

I hereby authorise Thorndon Park OSHC to automatically charge my credit card the outstanding amount on my account every Tuesday.

Acceptance Signature: ..... Date: .....

**PLEASE NOTE:**

- All credit card information is encrypted and deleted from our confidential files at the end of the year.

**CREDIT CARD PAYMENT AUTHORISATION**

Please print clearly

**Card Holder's Name** .....

Please tick one: Visa Card  MasterCard

Card No.

Expiry Date ..... / ..... CVV number .....

Signed .....

