



Payment Voucher

Please complete this form and send to the office if you wish to pay by credit card or internet transfer for bulk payments of excursions etc. during the year.

Child's Name/s:

_____ Class: _____

_____ Class: _____

_____ Class: _____

for payment of

_____ Amount \$ _____

_____ Amount \$ _____

_____ Amount \$ _____

Total Payment \$ _____

I wish to pay by: Credit Card _____ Internet _____

Card No. _____ Exp ____ / ____

Signature on Card: _____

Or

I have transferred \$ _____ Date _____ by internet transfer to

St. Patrick's Parish School Board Acc. BSB 062500 Acc. 00931193

(reference: Your Name/_____ ?)

Name: _____ (please print)

Contact Phone No. _____