



Credit Card Authorisation

Please complete this form and return to primary@acbc.wa.edu.au or secondary@acbc.wa.edu.au.

Mastercard Bankcard Visa

Card Number

Expiry Date

Amount

Reason for Payment:

Registration Fee (\$100) Student Name/s

Enrolment Fee (\$400) Student Name/s

School Fees Family Key

Other (please specify)

Name on Card

Signature Date

Contact Number

OFFICE USE ONLY

Date Entered

Receipt Number