



Runcorn State High School P & C Association Uniform Shop

Debit/Credit Card Authority

Parent/Guardian Name:	_____
Reason For Payment:	_____
Student Name:	_____
Class:	_____

Card Type: Visa MasterCard Debit Card

Card Number:

Expiry Date: ____/____ **CVV** (3 digit number on reverse of card) **Amount:** \$ _____

Cardholder Name as it appears on card _____

Cardholder Signature _____ **Date** __/__/__



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