



2 Allatoona Avenue
 SECRET HARBOUR WA 6173
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 ABN: 50 130 517 617

CREDIT CARD PAYMENT REQUEST/AUTHORISATION

FULL NAME: _____
 (As appears on Customer's Card)

FULL ADDRESS: _____

TYPE OF CARD (✓): VISA MASTERCARD (Diners & American Express not accepted)

CREDIT CARD NO:

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EXPIRY DATE:

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Amount to be paid:

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Payment being for:

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Student Name: _____ **Year:** _____

Signature of Cardholder: _____ **Date:** _____

OFFICE USE ONLY:

REFERENCE NO: (This will be shown on EFT keypad when transaction has gone through)

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When EFT transaction has been processed, check off the following tasks to complete transaction:

PROCESS CHECK LIST

- Write **REFERENCE NUMBER** on **EFT slip**.....
- Write "Phone Entry" where signature should appear on EFT slip.
- Generate a cash or manual receipt as normal.
- Post receipt and copy of transaction slip to parent.
- File this voucher with supporting documentation for daily banking requisition.....

Signature of Processing Officer

Date