

# KING DAVID SCHOOLS

## Credit/Debit Card Payments Form

Fax: 0161 741 5081

Name: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

**Please pay King David Schools**

£ \_\_\_\_\_ : \_\_\_\_\_

In words: \_\_\_\_\_ and \_\_\_\_\_ pence.

- Please debit my credit/debit card (details below)
- Please send me a Standing Order form (also payable by credit/debit card).

**Method of Payment** (please tick one of the boxes below):

Visa     Mastercard     Maestro/(Switch)     Solo     Electron

**Card Number** \_\_\_\_\_

**Card Expiry Date** \_\_\_\_/\_\_\_\_

(Maestro only : Card Issue No. \_\_\_\_ Start Date \_\_\_\_/\_\_\_\_ )

**Cardholder's name** \_\_\_\_\_

**Contacts: Telephone / E - mail :** \_\_\_\_\_

**Signature**..... **Date**.....

**CHILDS NAME**.....