

# KING DAVID SCHOOL

## CREDIT/DEBIT CARD PAYMENT 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: \_\_\_\_\_ / \_\_\_\_\_      CVV: \_\_\_\_\_

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

Card Holders name: \_\_\_\_\_

Contacts: Telephone/e-mail: \_\_\_\_\_

Signature \_\_\_\_\_      Date: \_\_\_\_\_

CHILDS NAME \_\_\_\_\_