



Lysterfield Primary School

Bellfield Drive
Lysterfield Vic 3156
Ph: 9752-7953 Fax: 9759-6121
Email: lysterfield.ps@edumail.vic.gov.au

CREDIT CARD PAYMENT SLIP

Child's Name: _____ Class _____

Payment for: _____

Please debit my credit card:

Visa Card Master Card

Amount Payable \$ _____

Name of Card Holder: _____

Card Number:

Expiry Date: _____ / _____
Month Year

Card Check Number: __ __ __ (3 digit number on back of card)

Signature: _____ Date: __ / __ / __

Please note that American Express and Diners Club are not accepted.

Credit Card Payments will only be accepted
for amounts **\$15.00 or more**



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