



Credit Card Authority Form

Baulkham Hills Family Day Care



Visa or MasterCard Only

Card Holder Name: _____

Contact Number: _____

Email Address: *(email receipt)* _____

Child's Name: *(if applicable)* _____

Payment for: _____

How were the credit card details provided?

In Person

Email/Fax

Telephone

Credit Card Number: _____ Expiry Date: _____

Transaction Amount: \$ _____ CVN: *(Back of card)* _____

Card Holder Signature: _____

Office Use Only

401-42105-133 FDC Enrolment

401-42100-133 FDC Admin Levy

401-42045-133 FDC Play Session Levy

401-43005-133 FDC Fundraising

401-42035-133 FDC CPR Training

401-44030-133 FDC Receipt Book

401-44030-133 Fire Equip

401-44030-133 Sundry Income

Other

Other