



OSHC PAYMENT AGREEMENT 2021

I _____ (Parent / Caregiver's name)

Authorise my OSHC Account to be cleared weekly on a Thursday.

Starting on / / 2021 Contact no: _____

2021 OSHC fees for STUDENT'S

_____ CLASS _____

_____ CLASS _____

_____ CLASS _____

Finance Officer Signature

Parent Signature

I authorise Magill School to debit my credit card for OSHC fees as set out above for 2021

CARDHOLDER'S NAME IN BLOCK LETTERS: _____

AUTHORISATION SIGNATURE OF CARDHOLDER: _____

Please debit my credit card for the above amount

(Please circle)

VISA

MASTERCARD

EXPIRY DATE

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Paid \$ on / /2021

Paid \$ on / /2021

Paid \$ on / /2021

Paid \$ on / /2021

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