



OSHC PAYMENT AGREEMENT 2022

I _____ (Parent / Caregiver's name)

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

Starting on / / 2022 Contact no: _____

2022 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 2022

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

Paid \$ on / /2022

Paid \$ on / /2022

Paid \$ on / /2022

Paid \$ on / /2022

Paid \$ on / /2022

Paid \$ on / /2022

Paid \$ on / /2022

Paid \$ on / /2022

