Credit Card Authority

Signature:

Please complete and include with your email attachments to enrolment@ihm.catholic.edu.au or call our Front Office on (08) 8115 7600 for phone payment.

Child's Name:	Year to begin:	OFFICE USE ONLY Date Processed:
Payment type:		
Application Fee - \$50	Enrolment Deposit - \$100	
Credit Card details:		
Visa	Mastercard	
Card Number:		
Cardholder's Name:	Expiry Date:	IHM

Date: