



THE MARIST ASSOCIATION
Join The Class Of... Database Credit Card Subscription Form

To: The Marist Association
Fax: +27 (31) 261 7410

Surname	(as it appears on the credit card)	
Initials	(as it appears on the credit card)	
Expiry Date of Credit Card		
CVV Number	Last 3 digits on the back of the card. VISA & Mastercard	
	OR	OR
	4 Digits on the top right, front end of the card. American Express	

I, _____

hereby authorise The Marist Association to debit my credit card account with an amount of

R _____ (State Rand Value).

Signature: _____

Date: _____