

Authority to Pay School Fees by Credit Card



By monthly instalment on the 15th of each month.

Credit card payment plans should start in October and will finish in September the following year.

Parents/Carer Full Name: _____

Students Full Name: _____

Student ID: _____ **Account No:** _____

Address: _____

Type of Card: VISA Mastercard

Amount: \$ _____ per month

Name on card: _____

Card Number: _____

Valid Until: _____ / _____

Signature: _____

Email Address: (print) _____

Date:

OUTSTANDING \$ _____
THIS YEARS FEES \$ _____
TOTAL \$ _____
_____ PAYMENT/s OF \$ _____
_____ PAYMENT/s OF \$ _____