



# ST MARY'S COLLEGE

## 2021 Credit Card Direct Debit Authority

Family name:	Student name/s:
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Account ref (eg. SMITH01):	Account holder name:
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I/We request St Mary's College arrange for funds to be debited from nominated debit/credit card facility according to the schedule specified below.

I/We choose to pay School Fees for **2021** by:  
**(Please refer to 2021 Statement of Account for instalment breakdown)**

a) Full year payment	\$ <input type="text"/>	To be processed February 28, 2021
b) 10 equal monthly instalments (February-November)	\$ <input type="text"/>	First working day of month <input type="checkbox"/> Last working day of month <input type="checkbox"/>
c) 20 equal fortnightly instalments (February-November)	\$ <input type="text"/>	Start date: End date: office staff to complete
d) 40 equal weekly instalments (February-November)	\$ <input type="text"/>	Start date: End date: office staff to complete

**Weekly and fortnightly direct debits are processed on Fridays only.**

Optional Building Fund:	Amount \$	Monthly <input type="checkbox"/>	Once off <input type="checkbox"/>
Sundry Account: (College will automatically deduct when Sundry item charged)		Yes <input type="checkbox"/>	No <input type="checkbox"/>

Authorised signatory:	Date:
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<b>CREDIT CARD</b>	
Card holder name:	
Card type:	Card number:
Card expiry date:	Card holder signature:

Office use -	Date entered:	Name:
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