# ST MARY'S COLLEGE

## 2022 Credit Card Direct Debit Authority

**PLEASE RETURN COMPLETED FORM TO: lgraves@smc.tas.edu.au**

| | |
|---|---|
| Family name: | Student name/s: |

| | |
|---|---|
| Account ref (eg. SMITH01): | Account holder name: |

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 **2022** by:
**(Please refer to 2022 Statement of Account for instalment breakdown)**

| | | |
|---|---|---|
| a) Full year payment | $ | To be processed February 28, 2022 |
| b) 10 equal monthly instalments (February-November) | $ | First working day of month ☐<br>Last working day of month ☐ |
| c) 20 equal fortnightly instalments (February-November) | $ | Start date:<br>End date: office staff to complete |
| d) 40 equal weekly instalments (February-November) | $ | Start date:<br>End date: office staff to complete |

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

| | | |
|---|---|---|
| **Optional Building Fund:** | **Amount $** | **Monthly** ☐ **Once off** ☐ |
| **Sundry Account:** (College will automatically deduct when Sundry item charged) | | **Yes** ☐ **No** ☐ |

| | |
|---|---|
| Authorised signatory: | Date: |

**CREDIT CARD**

| | |
|---|---|
| Card holder name: | |
| Card type: | Card number: |
| Card expiry date: | Card holder signature: |

| | | |
|---|---|---|
| Office use - | Date entered: | Name: |