



# ST MARY'S COLLEGE

## 2024 Credit Card Direct Debit Authority

**PLEASE RETURN COMPLETED FORM TO: [lgraves@smc.tas.edu.au](mailto:lgraves@smc.tas.edu.au)**

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 **2024** by:

**(Please refer to 2024 Statement of Account for instalment breakdown)**

- |   |    |   |
|---|----|---|
| a) Full year payment                                    | \$ | To be processed February 29, 2024   |
| b) 10 equal monthly instalments (February-November)     | \$ | First working day of month <input type="checkbox"/><br>Last working day of month <input type="checkbox"/> |
| c) 20 equal fortnightly instalments (February-November) | \$ | Start date: <input type="text"/><br>End date: <input type="text"/> office staff to complete               |
| d) 40 equal weekly instalments (February-November)      | \$ | Start date: <input type="text"/><br>End date: <input type="text"/> 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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