



ST MARY'S COLLEGE

2025 Credit Card Direct Debit Authority

PLEASE RETURN COMPLETED FORM TO: 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 **2025** by:
(Please refer to 2025 Statement of Account for instalment breakdown)

a) Full year payment \$ To be processed February 28, 2025

b) 10 equal monthly instalments (February-November) \$ First working day of month
Last working day of month

c) 20 equal fortnightly instalments (February-November) \$ Start date: _____
End date: _____ office staff to complete

d) 40 equal weekly instalments (February-November) \$ 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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CREDIT CARD	
Card holder name:	
Card type:	Card number:
Card expiry date:	Card holder signature:

Office use - Date entered:	Name:
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