



Learn, relate and live in the light of the Catholic faith.

Dear Principal

I wish to start paying my school fees using my credit card for a direct payment.

Start date: _____

Amount : \$ _____

Payments Made: (please tick)

18 Fortnightly (commencing 15th February 2024)

9 Monthly (commencing 15th February 2024)

End Date: _____

18 Fortnightly (ending 10th October 2024)

9 Monthly (ending 15th October 2024)

(payments are to be finalised by October 2024)

Card Type: (please tick) Mastercard Visa

Name on the card:

Title _____ First Name _____ Initial _____ Surname _____

Signature _____

Name _____

Name and Grade of Children : _____

Bank: _____

Credit Card No: _____

Expiry Date: ____ / ____

PS: This portion, with your credit card details will be destroyed once the application has been processed.