

## CREDIT CARD PAYMENT

New Request  Alteration  Cancellation  Suspension  Alter Final Payment and Cancel

**\*\*Please allow 3 business days for any changes\*\***

**DATE OF COMMENCEMENT:**

**FAMILY NAME:**

**STUDENT/S:**

**Amount of Payment:**  **End Date:**

**Frequency of Payment:** every  **No. Instalments:**

**Please debit to my account:**  MasterCard  
 Visa

**Card Number:**

**Cardholders Name:**  **Exp. Date:**

**Cardholder's Signature:**

**Declaration:**

**Name:**  **Signature:**

**Date:**

**\*\*Please Note: College Fees & Levies increase annually. As a result, your Direct Debit/Credit amount may also need to be adjusted each year. This adjustment will not occur automatically. It is the responsibility of the Fee Payer/s to ensure their Direct Debit/Credit is updated to cover any annual increases\*\***

**Please return this form to:** [sar.accounts@cns.catholic.edu.au](mailto:sar.accounts@cns.catholic.edu.au)

<b>Office Use Only:</b>	School Account No: <b>1881 S2.2 St A</b>	<b>Reference Number:</b> <input type="text"/>
<b>Account Number:</b> <input type="text"/>	<b>Authority Number:</b> <input type="text"/>	