

CREDIT CARD PAYMENT

New Request ☐
 Alteration ☐
 Cancellation ☐
 Suspension ☐
 Alter Final Payment and Cancel ☐

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

DATE OF COMMENCEMENT: / / 20

FAMILY NAME:

STUDENT/S:

Amount of Payment: End Date: / / 20

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: / / 20

****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

Office Use Only: School Account No: 1881 S2.2 St A

Reference Number:

Account Number:

Authority Number: