Melbourne Archdiocese
Catholic Schools

St. Simon the Apostle Primary School

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2025 NAB TRANSACT (CREDIT CARD PAYMENT) REQUEST

Name: _____ Debtor ID: _____
(office use only)

Name & Year level of each Student: _____

_____

_____

Frequency:

☐ Fortnight from: 7th Feb to 28th November (22 payments)
OR

☐ Month A from: 7th Feb to 7th November (10 payments)
OR

☐ Month B from: 21st Feb to 21st November (10 payments)
OR

☐ 3 Payments 7th March, 6th June & 5th Sept. (3 payments)
OR

☐ Full Payment 28th March (1 payment)

☐ Other Start date:____/_____/_____ Number of payments:_____ Frequency:

Please circle:
Weekly
Fortnightly
Monthly

AMOUNT: $ _____ to be deducted as per frequency above

Office use only

DATE	COMMENTS/ CHANGES

Please complete card details and sign below.

Tick one box only MASTERCARD ☐ VISA ☐

Name on Card: _____

Signed: _____ Date: _____

Contact Phone Number: _____

CARD NUMBER: ———— ———— ———— ————

CARD EXPIRY DATE: ___/ ___