

## St. Simon the Apostle Primary School

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## **2021 INSTALMENT PAYMENTS**

Name:			Debtor Id:	
Phone No: _				
Name & Yea	ar level of each	Student:		
-	•	es balance \$		
I authorise th	ne school to de	bit my credit card with the	amount of \$Fortnight	 ly/ monthly amount
		ΓLY Commencing		
		S <u>—</u> —		
	MONTHLY	Commencing	(co	oncludes 19/11/2021)
Please com	plete card deta	ils and sign below.		
Tick one bo	ox only MAST	ERCARD □ VISA □	]	
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