



St. Simon the Apostle Primary School

2 TAYLORS LANE ROWVILLE VICTORIA 3178

TELEPHONE: 9755 4222

ssrowville.catholic.edu.au

office@ssrowville.catholic.edu.au

NAB TRANSACT (CREDIT CARD PAYMENT) REQUEST

Name: _____ Acc No: _____
(office use only)

Name & Year level of each Student: _____

Please complete card details and sign below.

Tick one box only MASTERCARD VISA

CARD NUMBER: _____

CARD EXPIRY DATE: ___/___

Name on Card: _____

Signed: _____ Date: _____

Contact Phone Number: _____

Frequency:

- Fortnight from: 3rd Feb to 24th November (22 payments)
OR
- Month A from: 3rd Feb to 3rd November (10 payments)
OR
- Month B from: 24th Feb to 24th November (10 payments)
OR
- 3 Payments 10th March, 9th June & 8th Sept. (3 payments)
OR
- Full Payment 24th February (1 payment)

AMOUNT: \$ _____ to be deducted as per frequency above

Office use only

DATE	COMMENTS/ CHANGES