



2020 INSTALMENT PAYMENTS

Name: _____

Debtor Id: _____

Phone No: _____

Name & Year level of each Student: _____

Office Use
Charges for Year
Tuition fee: _____
Levies: _____
Swimming: _____
Camp: _____
Sports Fee: _____

I agree to pay the school fees balance \$ _____

I authorise the school to debit my credit card with the amount of \$ _____
Fortnightly/ monthly payment amount

- Frequency:
- FORTNIGHTLY Commencing _____ until 27/11/2020
 MONTHLY A Commencing 7th _____ 2020 (concludes 07/11/2020)
 OR
 MONTHLY B Commencing 21st _____ 2020 (concludes 22/11/2020)

Please complete card details and sign below.

Tick one box only MASTERCARD VISA

Card No. Expiry Date: _____

Name: _____ Signature: _____

\$	Office Use	Office Use	Office Use
FEBRUARY			JULY
MARCH			AUGUST
APRIL			SEPTEMBER
MAY			OCTOBER
JUNE			NOVEMBER