



St. Francis de Sales Primary School
122 Paterson Drive
Lynbrook Vic 3975

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DIRECT DEBIT FOR FEES WITH CREDIT CARDS

NAME _____

ADDRESS _____

PHONE _____

CARD NUMBER _____

NAME ON CARD _____

EXPIRY _____

PAYMENT METHOD

WEEKLY \$ _____

FORTNIGHTLY \$ _____

MONTHLY \$ _____

QUARTERLY \$ _____

COMMENCEMENT DATE _____

**I HEREBY AUTHORISE ST FRANCIS DE SALES SCHOOL TO DEBIT MY ACCOUNT
FOR THE ABOVE FEES**

SIGNED _____

DATE _____