

St. Simon the Apostle Primary School

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2021 INSTALMENT PAYMENTS

Name:	Debtor Id:
Phone No:	
Name & Year level of ea	ach Student:
Tagras to mary the calcal	for a halaman &
agree to pay the school	fees balance \$
I authorise the school to	debit my credit card with the amount of \$Fortnightly/ monthly amount
Frequency: FORTNIG	GHTLY Commencing 19/02/2021 until 26/11/2021 (21 payments)
- ·	
MONTHL	Y Commencing 19/02/2021 (concludes 19/11/2021) 10 payments
Please complete card de	etails and sign below.
Tiels one how only MAG	
Tick one box only MAS	STERCARD \square VISA \square
Card No.	
Name:	Signature:
Φ	
\$ Office Use FEBRUARY	Office Use JULY
MARCH	AUGUST
APRIL	SEPTEMBER
MAY	OCTOBER
JUNE	NOVEMBER