

Credit Card Deduction Authority

I/We _____ (parent/guardian)

of(address) _____

Phone No.: _____

Number of students in family for 2024 _____ Family Billing Number: _____

authorise Star of the Sea School to debit my credit card account for payment of school fees:

Visa Card Mastercard

No.																			
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Expiry Date ____ / ____

Name on Card	Title	First Name	Initials	Surname
_____	_____	_____	_____	_____

Term	Date <i>(Circle preferred date of the month)</i>	Amount <i>(Leave blank if you would like School to calculate the monthly payment)</i>	Office Use <i>Processed (Date/Initials)</i>
1	5 th / 15 th / 25 th Feb 2024		
	5 th / 15 th / 25 th Mar 2024		
2	5 th / 15 th / 25 th Apr 2024		
	5 th / 15 th / 25 th May 2024		
	5 th / 15 th / 25 th Jun 2024		
3	5 th / 15 th / 25 th Jul 2024		
	5 th / 15 th / 25 th Aug 2024		
	5 th / 15 th / 25 th Sept 2024		
4	5 th / 15 th / 25 th Oct 2024		
	Final payment: 5 th / 15 th / 25 th Nov 2024	Pay Balance = \$ (Full amount owing will be allocated unless otherwise advised prior to payment date)	

Signature(s): _____

Date: ____ / ____ / ____

Office Use Only (Date received and initials)	
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