

Fees, Levies & Charges Credit Card Agreement



Debtor ID	
Parent/ Guardian Name	
Home Address	

Phone	Mobile	Email

Student/s name

Name		Year Level	
Name		Year Level	
Name		Year Level	
Name		Year Level	

Payment for

Tuition Fees	Other
<input type="checkbox"/>	

Amount

\$	
Frequency	Weekly (Thursdays) <input type="checkbox"/> Fortnightly (Fridays) <input type="checkbox"/> Monthly (1st of month) <input type="checkbox"/> Quarterly (1st day each term) <input type="checkbox"/> One off <input type="checkbox"/>

Monthly Credit Card payments are processed on the 1st of each month or 1st business day of the month.

Commencing

Date		End Date		No End Date	<input type="checkbox"/>
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Card details

Card to be used (please circle)	MASTERCARD / VISA
Card Number	
Expiry date	___ / ___ CCV: _____
Cardholder's name	

I hereby authorise Penola Catholic College to continue with my above instructions, or until this arrangement is cancelled by me in writing.
Your credit card details are tokenised thus allowing us to securely store these details.

Cardholder's Signature: _____ **Date** ___ / ___ / ___

** Any changes to this arrangement will require a new form to be submitted.*