Melbourne Archdiocese Catholic Schools

Penola CATHOLIC COLLEGE EST. 1995

FEES, LEVIES & CHARGES CREDIT CARD AGREEMENT

Debtor ID	
Parent/ Guardian Name	
Home Address	
Phone	
Mobile	
Email	

Students			
Name		**Year Level**	
Name		**Year Level**	
Name		**Year Level**	
Name		**Year Level**	

Payment Details					
Tuition Fees ☐			Other ☐		
Amount $					
Frequency	**Weekly** ☐	**Fortnightly** ☐	**Monthly** ☐	**Quarterly** ☐	**One Off** ☐
Monthly Credit Card payments are processed on the 1st of each month. Quarterly payments are processed at the commencement of each Term.					
Commencing Date		**End Date**		**No End Date**	☐

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.**