



ST JOSEPHS SCHOOL EDUCATION BOARD

Credit Card Authorisation for payment of school fees

Customer Name: _____ Account Number: _____

Current Email Address: _____

Payment Frequency (please tick one)

- Fortnightly: **7th and 30th of each month**
- Monthly: **21st of each month**
- Term 1 to 3: **21st February, 23rd May and 22nd August**

Payment Method

- Visa
- Mastercard

I authorise St Joseph's School, Chelsea to deduct from my credit card

Credit Card No: _____ - _____ - _____ - _____ Expiry Date: __ / __

CVC No: _ _ _

The amount of \$ on date commencing / /

D D / M M / Y Y

with the last payment date being: / /

D D / M M / Y Y

Signature