

PAYMENT OPTIONS – 2019

Fee Payer Name: _____

Student Name: _____ Campus: _____ Year: _____

Fee Payer Direct Telephone: Home _____ Mobile _____

Fee Payer Email Address: _____

Select a payment frequency:

- | | | |
|--|----------------------------------|----|
| <input type="checkbox"/> 1 Annual Payment | By 29 March 2019 | \$ |
| <input type="checkbox"/> 4 Payments | 29 Jan, 23 April, 15 July, 7 Oct | \$ |
| <input type="checkbox"/> 10 Monthly payments | 29 Jan – 29 Oct inclusive of | \$ |
| <input type="checkbox"/> 20 Fortnightly payments | 29 Jan – 29 Oct inclusive of | \$ |
| <input type="checkbox"/> 40 Weekly payments | 29 Jan - 29 Oct inclusive of | \$ |

Note: Select a payment method: All plans other than Annual Payment due March must enter into a Direct Debit or Credit Card agreement.

- Credit Card (please complete section below)
- Direct Debit (Complete Blue form)
- Centrepay (Contact administration office for details and form)

Please include YOUR STUDENT'S NAME on all payments for identification purposes.

Identify siblings in partner school for discount calculation below.

Name: _____ School _____ Level: _____

Name: _____ School _____ Level: _____

Signature: _____ Date _____

Credit Card Details: (for credit card payment option)

I authorise St Mary's College to deduct amounts from my credit card as indicated above.

Credit Card Type: MasterCard Visa

Cardholder Name: _____

Card Number _____

Expiration date: ____ / ____ (month/year)

Cardholder Signature : _____ Date ____ / ____ / ____

Please return completed form to St Mary's College Administration Office by 7 December 2018.