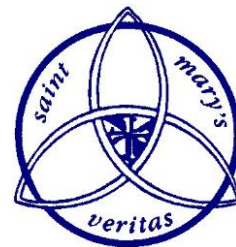


St Mary's College

FOR THE DEAF



PAYMENT OPTIONS – 2017

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 31 March of | \$ |
| <input type="checkbox"/> 4 Payments | 17 th Feb, May, Aug & Nov | \$ |
| <input type="checkbox"/> 10 Monthly payments | 17 th Feb – 17 th Nov inclusive of | \$ |
| <input type="checkbox"/> 22 Fortnightly payments | 3 Feb – 24 th Nov inclusive of | \$ |
| <input type="checkbox"/> 42 Weekly payments | last payment due on 24 Nov of | \$ |

Select a payment method: *Should you select a payment plan please choose Credit card or Direct Debit*

- Credit Card *(please complete section below)*
- Direct Debit *(Complete Blue form)*
- Cash *(Cash only accepted if paid by parent/guardian at Admin Office-Wantirna South)*
- Cheque *(Annual Payment only)*
- EFT *(Annual Payment only)*
- BPAY *(Annual Payment only)*
- Centrepay *(Contact administration office for details and form)*

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

Identify below siblings in partner school for discount calculation.

Name: _____ School _____ Level: _____

Name: _____ School _____ Level: _____

Name: _____ School _____ Level: _____

Signature: _____ Date _____

EFT Details: BSB 083-347
 Account No 572058996
 Account Name **St Mary's College**

Credit Card Details: (for credit card payment option)

I authorise St Mary's College for Hearing Impaired Students 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 ____/____/____