

# Credit Card Deduction Authority



I/We \_\_\_\_\_ (parent/guardian)

of(address) \_\_\_\_\_

Phone No.: \_\_\_\_\_

Number of students in family for 2025 \_\_\_\_\_ Family Billing Number: \_\_\_\_\_

I authorise Star of the Sea School to debit my credit card account for payment of school fees:

☐ Visa Card ☐ Mastercard

No.																
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Expiry Date \_\_\_\_ / \_\_\_\_

Name on Card	Title	First Name	Initials	Surname
_____	_____	_____	_____	_____

Term	Date (Circle preferred date of the month)	Amount (Leave blank if you would like School to calculate the monthly payment)	Office Use Processed (Date/Initials)
1	5 <sup>th</sup> / 15 <sup>th</sup> / 25 <sup>th</sup> Feb 2025		
	5 <sup>th</sup> / 15 <sup>th</sup> / 25 <sup>th</sup> Mar 2025		
2	5 <sup>th</sup> / 15 <sup>th</sup> / 25 <sup>th</sup> Apr 2025		
	5 <sup>th</sup> / 15 <sup>th</sup> / 25 <sup>th</sup> May 2025		
	5 <sup>th</sup> / 15 <sup>th</sup> / 25 <sup>th</sup> Jun 2025		
3	5 <sup>th</sup> / 15 <sup>th</sup> / 25 <sup>th</sup> Jul 2025		
	5 <sup>th</sup> / 15 <sup>th</sup> / 25 <sup>th</sup> Aug 2025		
	5 <sup>th</sup> / 15 <sup>th</sup> / 25 <sup>th</sup> Sept 2025		
4	5 <sup>th</sup> / 15 <sup>th</sup> / 25 <sup>th</sup> Oct 2025		
	5 <sup>th</sup> / 15 <sup>th</sup> / 25 <sup>th</sup> Nov 2025	Final payment. Full amount owing will be allocated unless otherwise advised prior to payment date	

Please note, credit card deductions can only be processed for 10 equal monthly payments or 3 equal term payments. If nominating to pay fees over 3 terms, payments will be processed in March, June and September. If you wish to vary the payment amounts and cycle, automatic credit card deduction is not suitable due to processing limitations.

Signature(s): \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Office Use Only (Date received and initials)	
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