Date: _____ / _____ / 2017

The Principal
St James Catholic College
25 Mary Street
Cygnet 7112

I hereby authorize St James Catholic College to debit my credit card (details below) an amount of $ _____ each month / fortnight / week from _____ to _____ for school fees and levies.

I understand that Credit Card Debits are processed on the 20th of each month unless otherwise advised.

Type of Card: .....

Card Number: .....

Expiry Date: .....

Card Holder's Name: .....

Signature: .....

OFFICE USE ONLY

Date	*Amount Paid*	*Balance Owing*	*Signature*