



TUITION FEE 10 MONTH INSTALMENT PLAN 2020
CREDIT CARD AUTOMATIC DEDUCTION AUTHORITY

_____ / _____ / _____

Reference /Account Number: _____

Customer's Name: _____

Customer's Address: _____

_____ Postcode: _____

Customer's Phone Numbers: Mobile: _____

Home: _____

Email: _____

PAYMENT SCHEDULE

Name on Credit Card: _____

Card Type: Visa / Mastercard (please select card type)

Card Number

Expiry Date

Amount: \$ _____ monthly

Deduction Dates	Monday	17 February	Wednesday	15 July
	Monday	16 March	Monday	17 August
	Wednesday	15 April	Tuesday	15 September
	Friday	15 May	Thursday	15 October
	Monday	15 June	Monday	16 November

Customer's Signature/s _____

Please return to joanne.henderson@overnewton.vic.edu.au