



TUITION FEE 10 MONTH INSTALMENT PLAN 2022
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	Tuesday	15 February	Friday	15 July
	Tuesday	15 March	Monday	15 August
	Friday	15 April	Thursday	15 September
	Monday	16 May	Monday	17 October
	Wednesday	15 June	Tuesday	15 November

Customer's Signature/s _____

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