



Peter Moyes Anglican Community School

P O Box 240, Quinns Rocks, WA 6030

Accounts: 9304 5500 Fax 9304 5599

Email: accounts@petermoyes.wa.edu.au

CREDIT CARD PAYMENT REQUEST FORM

THIS FORM TO BE COMPLETED AND RETURNED AS SOON AS POSSIBLE

I/We request **Peter Moyes Anglican Community School** to arrange for funds to be debited from my/our Credit Card for the payment of School Fees and other charges according to the schedule specified below.

Parent Name

Address

Postcode

Signature/s

Date - -

Credit Card Number

Expiry Date -

Name on Card

Student Name/s _____ Year Group _____

_____ Year Group _____

_____ Year Group _____

_____ Year Group _____

Option 1 **Termly Payment.** For this Option, a deduction will be processed **EACH** Term, as per the Statement amount, on the due date of Statement. (4 Payments Per Year)

Option 2 **Monthly Payments.** For this Option, deductions will be processed as per the Statement amount. The following will apply (Term Statement amount divided by Number of Instalments)

Term 1: 3 Equal Instalments on 8 February, 8 March and 8 April

Term 2: 3 Equal instalments on 8 May, 8 June and 8 July

Term 3: 3 Equal instalments on 8 August, 8 September and 8 October

Term 4: 2 Equal instalments on 8 November and 8 December

*** Or next working day if the 8th falls on a weekend ***

Please Note:- A 1% Surcharge will be applied to all Credit Card Transactions. Should a payment be declined, the Payment Arrangement will be cancelled and a Late Fee Applied.

Office Use Only:- Entered on Maze

Family Key