

## NEW / AMENDMENT

(Please circle)

Please return forms to the Finance Office at [finance@cbcfremantle.wa.edu.au](mailto:finance@cbcfremantle.wa.edu.au)  
08 9336 2700

### Request and authority to debit Credit Card account

Name: \_\_\_\_\_

Home address: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_

Request and authorise CBC FREMANTLE to debit my credit card account as detailed below to pay my (child's school fees). This authority remains in force until such time that I provide written instruction to amend or cancel this authority.

### Insert details of Credit Card to be debited

Name of cardholder: \_\_\_\_\_

Type of Credit Card: **MasterCard / VISA**

Card number: \_\_\_\_\_

Expiry date: \_\_\_\_\_ CCV: \_\_\_\_\_

(Please notify the College when card details change or expire)

### Debit frequency

- Option 1 (1 instalment)**  
Total annual fees. Within 2 weeks of receipt of first Fee Statement.
- Option 2 (4 instalments – Feb/May/Aug/Oct)**  
Total annual fees to be paid in 4 equal instalments. Due 25th of each month.
- Option 3 (9 Instalments – Feb to Oct)**  
Total annual fees to be paid in 9 equal instalments. Due 25th of each month.
- Option 4 (18 instalments – Feb-Oct)**  
Total annual fees to be paid in 18 equal instalments. Fortnightly from the 25th of February.

### Debit Amount

Divide your annual school fees by the number of instalments you wish to make and write the amount in the space provided.

The amount to be debited each time is \$ \_\_\_\_\_ - \_\_\_\_\_

### Authorisation

Signature: \_\_\_\_\_

Child's name: \_\_\_\_\_ Date: \_\_\_\_\_

Family code: \_\_\_\_\_