



SACRED HEART COLLEGE

Tuition Fee Payment Credit Card Details

Student Name:		Year	
Debtor ID if known			

Credit/Debit Card Details

Please complete this section where monthly credit/debit card has been chosen as a payment method.

Payments will be processed on the **28th of each month**. On occasions where a scheduled payment falls due on a weekend, public holiday or during a school holiday break, the payment will be processed on the following business day or as soon as possible thereafter.

Option 1 will be selected unless otherwise indicated i.e. the nominated credit card will be debited to clear the account each month.

Parent/Guardian

Select option below

Cardholder Name		Option 1: Clear balance each month	
Card Number	(Visa / MasterCard)	Option 2: Pay a fixed amount each month	\$
Expiry Date	<div style="display: flex; justify-content: space-between;"> _____ CCV _____ </div>		
Signature	<div style="border-bottom: 1px solid black; width: 90%; margin-left: 5%;"></div>		