



## Payment Arrangements

### Credit Card Payment

Date of Commencement: \_\_\_/\_\_\_/\_\_\_\_\_

Amount of Payment: \$ \_\_\_\_\_ End Date: \_\_\_/\_\_\_/\_\_\_\_\_

Frequency of Payment: every \_\_\_\_\_ No. Instalments: \_\_\_\_\_

Name/s of parents/caregivers: \_\_\_\_\_

Name of Student: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_\_\_

Please debit to my account:  MasterCard  
 Visa

Card Number:

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

Exp. Date: \_\_\_/\_\_\_ Cardholder's Signature: \_\_\_\_\_

### Declaration

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

Print Name: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_