

# CREDIT CARD PAYMENT PLAN AUTHORITY 2017



PVCC Family Account Code: \_\_\_\_\_ Family Name: \_\_\_\_\_

Please debit the following regular amount from my credit card, as detailed below, and make the payment to Plenty Valley Christian College, to commence in \_\_\_\_\_ (Month).

**Payment Plan Selected:** (Please tick one)

- Quarterly (Payment charged 2<sup>nd</sup> Friday of each Term – 4 payments)
- Monthly (Payment charged 1<sup>st</sup> Wednesday of each month unless selected below - 10 payments)
- Fortnightly (Payment charged each fortnight – 22 payments)

Please tick which Wednesday of the month for the payment to occur (monthly and fortnightly payments only)

1st       2nd       3rd       4th

Please charge \$ \_\_\_\_\_ towards my College fees account each payment cycle.

**Card Type:**     Visa             MasterCard

Card Number: \_\_\_\_\_      Expiry Date: \_\_\_\_/\_\_\_\_

Name on card: \_\_\_\_\_ (Please Print)

Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY					
Month	Deducted on	Initialled	Month	Deducted on	Initialled
January			August		
February			September		
March			October		
April			November		
May			December		
June			January		
July			February		