



Mount St Joseph Girls' College  
ABN 22 050 139 663  
PO Box 139 Altona Nth Vic 3025  
133 Maidstone St Altona Vic 3018  
Ph 03 8398 2000  
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# Credit Card/Debit Card Deduction Authority

## Request and Authority to debit the credit account named below to pay Mount St Joseph Girls' College

### Request and Authority to debit

I, \_\_\_\_\_

**MSJ Account No** \_\_\_\_\_ **Student name** \_\_\_\_\_

request and authorise Mount St Joseph Girls' College to deduct from my / our account amounts Mount St Joseph Girls' College has deemed payable\*. My selected payment method is:

Per annum      Payment in full in February with early payment discount applying.

Per term      4 instalments due February, April, July and September.

Per month      8 instalments due each month from February to September.

Per fortnight      18 instalments due each fortnight from early February to late September.

Per week      35 instalments due each week from early February to late September.

\* Amounts deducted will be adjusted for music/drama lessons / VET/VCAL fees authorised by families.

\* Actual dates for deductions are advertised in annual fees schedules published in advance of the academic year.

### Insert details of account to be debited

**Name/s on account** \_\_\_\_\_

**Account type** (please tick one)

Visa card  MasterCard

**Card number**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**My card expires on**

Mth  / Yr

### Insert your signature

**Signature** \_\_\_\_\_

**Date**      /      /