



St Joseph's School
CHELSEA

Always faithful

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ST JOSEPHS SCHOOL EDUCATION BOARD

Credit Card Authorisation for payment of school fees

Customer Name: _____ Account Number: _____

Current Email Address: _____

Payment Frequency (please tick one)

☐ Fortnightly: 7th and 30th of each month ☐ Monthly: 19th of each month

☐ Term 1 to 3: 24th February, 26th May and 18th August

Payment Method

☐ Visa ☐ Mastercard

I authorise St Joseph's School, Chelsea to deduct from my credit card

Credit Card No: _ _ _ _ - _ _ _ _ - _ _ _ _ - _ _ _ _ Expiry Date: _ _ / _ _

CVC No: _ _ _

The amount of \$ on date commencing / /

D D / M M / Y Y

with the last payment date being: / /

D D / M M / Y Y

Signature