

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 2nd Friday of each Term – 4 payments)
- Monthly (Payment charged 1st 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		