

**Central Coast Grammar School**  
 Arundel Rd., ERINA HEIGHTS, 2260  
 Ph: (02) 4367 6766  
 Fax: (02) 4365 1860  
 ABN 85 002 839 607



## Authority to debit Credit Card

**Request and Authority to debit the Credit Card noted below to pay  
Central Coast Grammar School Limited**

**Request and Authority to debit**

I,  
**Surname:** \_\_\_\_\_  
**Given Names:** \_\_\_\_\_

request and authorise **Central Coast Grammar School Limited** to arrange a debit to my Credit Card nominated below, for any amount **Central Coast Grammar School Limited**, has deemed payable by *me*.

**Credit Card Details**

VISA    MasterCard    AMEX

Card Number:   |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|

Expiry Date:   |\_|\_| / |\_|\_|

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

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

Date: \_\_\_\_\_

**Payment Details**

Account ID: \_\_\_\_\_ Family Name: \_\_\_\_\_

**School Fees, Consolidated Charges, Miscellaneous Charges**

Payments will be made 10 times per year, on the 15<sup>th</sup> of each month (February – November inclusive) being equal instalments of School Fees and Consolidated Charges. Miscellaneous charges to your account will be added to the next scheduled monthly debit.

**Voluntary School Building Fund Donation**

I agree / do not agree to make a voluntary tax-deductible donation to the School Building Fund of \$100 per term to be added to the February, April, July and October Direct Debits each year.

**Credit Card Surcharge**

I understand that a GST inclusive surcharge of 1% will be added to my payment when paying by Credit Card.

**Signature**

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

**Date:**   \_\_\_ / \_\_\_ / \_\_\_