



Melbourne Archdiocese
Catholic Schools



St. Simon the Apostle Primary School

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2025 NAB TRANSACT (CREDIT CARD PAYMENT) REQUEST

Name: _____ Debtor ID: _____
(office use only)

Name & Year level of each Student: _____

Frequency:

- Fortnight from: 7th Feb to 28th November (22 payments)
OR
- Month A from: 7th Feb to 7th November (10 payments)
OR
- Month B from: 21st Feb to 21st November (10 payments)
OR
- 3 Payments 7th March, 6th June & 5th Sept. (3 payments)
OR
- Full Payment 28th March (1 payment)

Please circle:
Weekly
Fortnightly
Monthly

Other Start date: ___/___/___ Number of payments: _____ Frequency: _____

AMOUNT: \$ _____ to be deducted as per frequency above

Office use only

DATE	COMMENTS/ CHANGES

Please complete card details and sign below.

Tick one box only MASTERCARD VISA

Name on Card: _____

Signed: _____ Date: _____

Contact Phone Number: _____

CARD NUMBER: - - - - -

CARD EXPIRY DATE: ___/___