



Melbourne Archdiocese
Catholic Schools



St. Simon the Apostle Primary School

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2024 NAB TRANSACT (CREDIT CARD PAYMENT) REQUEST

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

Name & Year level of each Student: _____

Frequency:

Fortnight from: 2nd Feb to 22nd November (22 payments)

OR

Month A from: 2nd Feb to 2nd November (10 payments)

OR

Month B from: 23rd Feb to 23rd November (10 payments)

OR

3 Payments 8th March, 7th June & 6th Sept. (3 payments)

OR

Full Payment 23rd February (1 payment)

Other Start date: ___/___/___ Number of payments: _____ Frequency: _____
Please circle:
Weekly
Fortnightly
Monthly

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: ___/___