



2026 Credit Card Request

Student Name/s: _____

Request and Authority to credit the card and account named below to pay St James' School, Sebastopol Fees

Request and Authority to credit	Card Holder Name _____ (“you”)
Insert details of credit card	Number __ __ __ __ -__ __ __ __ -__ __ __ __ -__ __ __ __ Expiry Date __ __ -__ __
Acknowledgment	By signing this Credit Card Request you acknowledge having read and understood the terms and conditions governing the Credit Card Request – Service Agreement between you and <i>St James’ Parish School</i>
Payment Details First Deduction February 26, 2026 — Last Deduction November 26, 2026	<input type="checkbox"/> 4 term payments \$ _____._____ <input type="checkbox"/> 10 monthly payments \$ _____._____ — <input type="checkbox"/> One off payment on April 30 \$ _____._____
Signature and address	Signature _____Date_____/_____/_____ Address _____ _____