



# JOHN TERRY CATHOLIC HIGH SCHOOL

Under the patronage of Mary, Help of Christians  
A Catholic Co-Educational High School to Serve the Macarthur Region  
Demetrius Road ROSEMEADOW NSW 2560

Phone: 4645 8100 Fax: 4645 8111

[www.jtchsdown.catholic.edu.au](http://www.jtchsdown.catholic.edu.au)

## Authority for Credit Card Payment

☐ New Request ☐ Alteration ☐ Cancellation

Full name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Student(s) Full Name: \_\_\_\_\_

I wish to use my Credit Card for the payment of school fees at John Therry Catholic High School Rosemeadow (the Merchant). I hereby authorise the merchant to debit my card account with the amount and at the intervals specified below.

This shall stand, in respect of the above specified card and in respect of any card issued to me in renewal or replacement thereof, until I notify the school (merchant) in writing of its cancellation.

**Office use only:**

**Fee Reference No./Fee Paying Contact No.:** \_\_\_\_\_

Form to be retained for school records.

Payment Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

First Payment: \_\_\_\_/\_\_\_\_/\_\_\_\_ Final Payment Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Payment amount \$ \_\_\_\_\_

Frequency: ☐ Monthly ☐ Fortnightly ☐ Quarterly ☐ Half Yearly ☐ One Off

Cardholder Name \_\_\_\_\_

Expiration Date \_\_\_\_\_ CCV: \_\_\_\_\_

Account Type: ☐ Visa ☐ MasterCard

Card Expiry Date: \_\_\_\_/\_\_\_\_  
mm yy

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

Account Number