



BUSSELTON SENIOR HIGH SCHOOL

RESPECT • EMPATHY • ACHIEVE • LEARN

BPOINT PERIODICAL CREDIT CARD AUTHORISATION 2023

* Student Name (s) _____ Year (s) _____

Please provide your email address, your receipt will be sent by email.

*Email: _____

Payment allocated to:

- 1. Voluntary Contributions \$ _____
- 2. Compulsory Charges \$ _____
- 3. Voluntary Approved Requests \$ _____
- 4. Previous Year _____ Balance \$ _____

Formula work out box eg-
Total fees \$1450.
\$50 per fortnight = 29 weeks x
\$50 = \$1450)

* PLEASE NOTE – A SUBJECT CHANGE WILL ALTER YOUR PAYMENT PLAN AND YOU WILL BE NOTIFIED TO MAKE ADJUSTMENTS. *

Please Debit: Total amount to be charged: \$ _____

Please tick the box for your preferred debit frequency, amount to be withdrawn and commencement date. (Minimum payment amount is \$50.00 per month)

- Weekly Amount \$ _____ Commencement Date ___ / ___ / ___
- Fortnightly Amount \$ _____ Commencement Date ___ / ___ / ___
- Monthly Amount \$ _____ Commencement Date ___ / ___ / ___

Please ensure your total payment covers all contributions and charges amount prior to the end of Term 3, Friday 22nd September 2023.

Direct Debit (From bank account) Please fill in the Direct Debit Request Form (DDR)

Card Type: Debit Mastercard Visa Card Expiry Date ___ / ___ / ___

*** Please advise the Accounts Department when your card is due to expire ***

* Card No:

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CVC number on back of card (last 3 digits): _____

Contact number: _____

* _____

* _____

Signature of Authorised Cardholder

Cardholder Name