



# BUSSELTON SENIOR HIGH SCHOOL

RESPECT • EMPATHY • ACHIEVE • LEARN

## BPOINT PERIODICAL CREDIT CARD AUTHORISATION 2024

\* **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**Please tick the box for your preferred debit frequency, amount to be withdrawn and commencement date.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 20<sup>th</sup> September 2024.

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:**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

Contact number: \_\_\_\_\_

\* \_\_\_\_\_

\* \_\_\_\_\_

**Signature of Authorised Cardholder**

**Cardholder Name**