



Payment of Attendance Dues by deductions from your credit card

To authorise the Archdiocese of Wellington to make deductions from your credit card.

Please complete the details below and return to our office:

Name of Cardholder: _____

Address: _____

Phone Number: _____ Email address: _____

Signature of card holder: _____ Date: _____

Credit Card number:

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Expiry Date: _____ / _____

Card type: **Visa / Mastercard** (delete as applicable)

Frequency (please tick one)

- One off full payment Monthly

First Payment date: ____ / ____ / 20 Amount per payment: \$ _____

Duration (please tick one)

- Until further notice 20__ only (last payment date ____ / ____ / ____)

I hereby consent to account adjustments to this payment should additional students be enrolled to this account.

Attendance Dues Account Number:

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Student name(s) _____

For queries call 0800 462725 or email dues@wn.catholic.org.nz

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