



Saint James Primary School

51 Centre Road, Vermont 3133

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Email: office@sjvermont.catholic.edu.au

NAB TRANSACT (CREDIT CARD PAYMENT) REQUEST

NAME Acc No.....
(office use only)

TYPE OF CREDIT CARD (PLEASE TICK)

MASTERCARD	
VISA	

NAME ON CARD: FIRST NAME _ _ _ _ _

SURNAME _ _ _ _ _

CARD NUMBER _ _ _ _ _

CARD EXPIRY DATE _ / _

N.B. Any payment which falls after the above expiry date will not be processed unless the school office has been advised of the new expiry date. (Bank charges may apply)

FREQUENCY : MONTHLY A ☐ 10th February to 10th November

OR

MONTHLY B ☐ 28th February to 28th November

OR

QUARTERLY ☐ 21st March, 21st June & 21st September

AMOUNT: \$ _____

SIGNED..... DATE.....

CONTACT PHONE NO.

Office use only

DATE	COMMENTS/CHANGES