



LYNDALE SECONDARY COLLEGE

ABN 51 413 597 048

2024 COMPASS PAYMENT PLAN

STUDENT NAME: (please print) _____ Year Level 2024 _____

STUDENT NAME: (please print) _____ Year Level 2024 _____

STUDENT NAME: (please print) _____ Year Level 2024 _____

PARENT'S NAME: (please print) _____

Contact Phone: _____ Contact Email: _____

MONTHLY

DIRECT DEBIT DATES FOR 2023 & 2024

(8 payments)

8 NOVEMBER 2023	13 DECEMBER 2023
10 JANUARY 2024	14 FEBRUARY 2024
13 MARCH 2024	10 APRIL 2024
8 MAY 2024	12 JUNE 2024

FOR FLEXIBLE COMPASS PAYMENT PLAN, PLEASE CONTACT THE SCHOOL OFFICE ON 9795 2366

Total Amount Owning: \$ _____ Monthly Debit Amount: \$ _____

PLEASE PROVIDE CREDIT CARD DETAILS IF YOU WISH THE SCHOOL TO SET UP YOUR COMPASS PAYMENT PLAN

CREDIT CARD AUTHORISATION		<input type="checkbox"/> Visa - <input type="checkbox"/> MasterCard - <input type="checkbox"/>
Card Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
3 digit Verification Number _____ (CCV)	Expiry Date:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
Name on Card: _____ (Please Print)		
Signature: _____		Date: _____