

CREDIT CARD REGULAR PAYMENT REQUEST

Request and Authority to debit the credit card account named below to pay (<u>name of school/college</u>)		
Request and Authority to debit credit card account	Name	
	Address	
	Email	
	request and authorise (<u>name of school/college</u>) to debit my credit card account as detailed below to pay my (<u>child's school fees</u>). This authority remains in force until such time that I provide written instruction to amend or cancel this authority.	
Insert details of credit card account to be debited	Name of cardholder	
	Type of credit card Mastercard / VISA	
	Account number	
	Expiry Dare -	
Debit Frequency	The first debit may be made on / / and at weekly / fortnightly / monthly / quarterly / half yearly / yearly intervals after that.	
Debit Amount		
	□ The amount to be debited each time is \$ _ -	
	(Amount in words)	
Debit End Date		
	The debits are to continue: until further notice OR until / / .	
Insert your signature	Signature	
	Date / Child's Name	

FOR OFFICE USE ONLY:

New Agreement /	Amendment of Existing Authority
Family Code:	
Date Received:	Date Actioned:
Staff member (actioned by):	