

CREDIT CARD REGULAR PAYMENT REQUEST

you're 5	
Request and Authority to debit the credit card account named below to pay Stella Maris Parish School	
Request and Authority to debit credit card account	Name
account	Address
	Email
	request and authorise Stella Maris Parish School to debit my credit card account as detailed below to pay my child's school fees. 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 (American Express not accepted)
1	Account number
	Expiry Dare _ -
Debit Frequency	☐ The first debit may be made on / / and at weekly / fortnightly / monthly / after that OR one the three term due dates.
Debit Amount	
	☐ The amount to be debited each time is \$ _ - (Amount in words)
Debit End Date	(Alliount in words)
	☐ The debits are to continue (please choose one option):
	□ until further notice OR until / /
	OR until my fees for this year have been paid in full YES / NO.
L	
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):	