

CREDIT CARD REGULAR PAYMENT REQUEST

Request and Authority to debit the credit card account named below to pay (name of school/college)	
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
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 \$ _ _ _ - _
Debit End Date	☐ The debits are to continue: until further notice OR until / / .
Insert your signature	Signature
FOR OFFICE USE ONLY:	
New Agreement / Amendment of Existing Authority Family Code:	
Date Received:	Date Actioned:
Staff member (actioned by):	