



you're in good hands

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 (*name of school/college*) 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

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): _____