

CREDIT CARD REGULAR PAYMENT REQUEST

you're in good hands	
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 \$ _ _ - _
Dabit Ford Data	(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):	