Credit Card Payment Request

CREDIT CARD REGULAR PAYMENT REQUEST

Request and Authority to debit the credit card account named below to pay:

St Columba's Primary School

Request and Authority to debit credit card account	**Name**_____ **Address**_____ request and authorise *St Columba's Primary 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 / Bankcard Account number |__|__|__|__| |__|__|__|__| |__|__|__|__| |__|__|__|__| Expiry Date |___|___| - |___|___|
Debit Frequency	The first debit may be made on ___ / ___ / ___ and at fortnightly / monthly / quarterly / half yearly / yearly intervals thereafter.
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 __X_____ Date: ___/___/____ Child's Name_____

FOR SCHOOL USE ONLY:

New Agreement / Amendment of Existing Authority

Family Code: _____

Date Received: ___/___/____ Date Actioned: ___/___/____

Staff member (actioned by): _____