

**CDF**  
CATHOLIC DEVELOPMENT FUND

## Cards Online Payment Services

### CREDIT CARD REGULAR PAYMENT REQUEST

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

**St Columba's Primary School**

<b>Request and Authority to debit credit card account</b>	<b>Name</b> _____ <b>Address</b> _____ request and authorise <i>St Columba's Primary School</i> 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.
<b>Insert details of credit card account to be debited</b>	Name of cardholder _____ Type of credit card Mastercard / VISA / Bankcard Account number  _ _ _ _ _   _ _ _ _ _   _ _ _ _ _   _ _ _ _ _  Expiry Date  _ _ _  -  _ _ _
<b>Debit Frequency</b>	The first debit may be made on ___ / ___ / ___ and at fortnightly / monthly / quarterly / half yearly / yearly intervals thereafter.
<b>Debit Amount</b>	The amount to be debited each time is \$  _ _ _ _ _  -  _ _ _ _ _  (Amount in words) _____
<b>Debit End Date</b>	The debits are to continue: until further notice OR until ___ / ___ / ____ .
<b>Insert your signature</b>	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): \_\_\_\_\_