ST MARY'S COLLEGE

REGULAR PAYMENT REQUEST

CDF Catholic Development Fund you're in good hands

Request and Authority to debit the account/credit card named below to pay St Mary's College (CCES)

Family Name and Address	Name _____ Address _____ Request and authorise St Mary's College to debit my account/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.
Credit Card Insert details of credit card account to be debited	Name of cardholder _____ Type of credit card Mastercard / VISA Account number |__|__|__|__| |__|__|__|__| |__|__|__|__| |__|__|__|__| Expiry Dare |__|__| - |__|__|
Bank Account Insert the name and address of financial institution at which account is held	Financial Institution Name _____ Address _____ _____
Insert details of account to be debited	Name of Account Holder _____ BSB number |__|__|__| - |__|__|__| Account number |__|__|__|__|__|__|__|__|__|
Tuition Fees Debit Frequency Debit Amount Debit End Date	The first debit may be made on __ / __ / __ and at weekly / fortnightly / monthly intervals The amount to be debited each time is $ |__|__|__| - |__|__| (Amount in words) _____ The debits are to continue: until ____/____/____
School Building Fund Donation (Tax Deductible)	The first debit may be made on __ / __ / __ and at weekly / fortnightly / monthly intervals The amount to be debited each time is $ |__|__|__| - |__|__| (Amount in words) _____ The debits are to continue: 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): _____