



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): \_\_\_\_\_