

CREDIT CARD REGULAR PAYMENT REQUEST

Request and Authority to debit the credit card account named below to pay St Francis Xavier's Regional Catholic School	
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 \$ _ -
Debit End Date	(Amount in words) □ The debits are to continue: until further notice OR until / / .
Insert your signature	Signature // Child's Name
FOR OFFICE USE ONLY:	
•	nt / Amendment of Existing Authority
	Date Actioned:
	by):