

## CREDIT CARD REGULAR PAYMENT REQUEST

Dequest and Authority to debit the gradit cord account named below to now St. Jacobb's School KINCSWOOD	
<u> </u>	d Authority to debit the credit card account named below to pay St Joseph's School KINGSWOOD
Request and Authority to debit credit card account	Name
	Address
	Email
	request and authorise St Joseph's School KINGSWOOD to debit my credit card account as detailed below to pay my child's school fees. Thi 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 Francisco	The first dehit may be made as 10 Feb /2022 and at weakly / fortnightly / monthly intervals after that
Debit Frequency	☐ The first debit may be made on _10 Feb /2022 and at weekly / fortnightly / monthly intervals after that.
Debit Amount	(Feb – Nov)
Debit Amount	☐ The amount to be debited each time is \$   _   _   -   _     (Amount in words)
	(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 Agreemer	nt / Amendment of Existing Authority
•	
Family Code:	
Date Received:	Date Actioned:
Start member (actioned	by):