

CREDIT CARD REGULAR PAYMENT REQUEST

Request and Request and 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 <i>child's school fees</i> . 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 _ _ _ _ _ _ _ _ _
Debit Frequency Debit Amount	☐ The first debit may be made on//20 and at weekly / fortnightly / monthly/termly intervals after that. (Feb − Nov) ☐ 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
FOR OFFICE USE ONLY:	
New Agreement / Amendment of Existing Authority	
Family Code:	
Date Received:	Date Actioned:
	by):