CREDIT CARD REGULAR PAYMENT REQUEST

Request and Authority to debit the credit card account named below to pay:

Our Lady of Grace School

Request and Authority to debit credit card account	**Name**_____ **Address**_____ Request and authorise *Our Lady of Grace School* 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** **Card number** |__|__|__|__| |__|__|__|__| |__|__|__|__| |__|__|__|__| **Expiry Date** |___|___| - |___|___|
Debit Frequency	The ***first debit*** may be made on ___ / ___ / ___ and at fortnightly / monthly / quarterly / half yearly / yearly intervals thereafter.
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 OR Family Code**_____

FOR SCHOOL USE ONLY:

New Agreement / Amendment of Existing Authority

Family Code: _____

Date Received: ___/___/____ Date Actioned: ___/___/____

Staff member (actioned by): _____