Catholic Development Fund

you're in good hands

CREDIT CARD REGULAR PAYMENT REQUEST

Request and Authority to debit the credit card account named below to pay Christ the King School, Warradale		
Request and Authority to debit credit card account	Name	
	Address	
	Email	
	I request and authorise Christ the King 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	
	Account number _	
	Expiry Dare -	
Debit Frequency	The first debit may be made on / / and at fortnightly / monthly intervals	
Debit Amount	The amount to be debited each time is \$ - -	
Debit End Date	We recommend 10 x Monthly payments or 20 x Fortnightly payments (Feb to Nov)	
	The debits are to continue: until further notice OR until 10 Monthly / 20Fortnightly payments are made.	
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):	