



...providing
Quality Teaching/Learning

ST MARY'S SCHOOL

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BEAUDESERT

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AUTHORITY FOR RECURRENT PAYMENT BY CREDIT CARD

NEW REQUEST ALTERATION CANCELLATION Date (dd/mm/yy): / / 20

Surname: _____ Name: _____

Address: _____ State: _____ Postcode: _____

CARD DETAILS (All details *must* be supplied)

Type of Card (please tick): VISA MASTERCARD

Cardholder Name (as appears on card): _____

Card Number: _____ Expiry Date (dd/mm/yy): / / 20

Please black out this section after loading.

DESCRIPTION OF GOODS/SERVICES (For example, school fees)

PAYMENT DETAILS

Amount per debit: \$:

Start Payment Date (dd/mm/yy): / / 20 Final Payment Date (dd/mm/yy): / / 20

Payment Frequency (please tick): Fortnightly Monthly Once Only

I hereby authorise the Merchant to debit my Card Account with the amount and at the intervals specified above for goods/services as described.

This authority shall stand, in respect of the above specified Card and in respect of any Card issued to me in renewal or replacement thereof, until I notify the Merchant in writing of it's cancellation.

Cardholder's Signature:

Date (dd/mm/yy): / / 20

Office Use Only Reference: _____

PLEASE NOTE: Form to be retained for your records. Do not forward to ADF.