



St Augustine's College, St Augustine's Drive, Augustine Heights, Q 4300  
St Augustine's College, PO Box 4047, Springfield, Q 4300  
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## AUTHORITY FOR RECURRENT PAYMENT BY CREDIT CARD

<input type="checkbox"/> NEW REQUEST	<input type="checkbox"/> ALTERATION	<input type="checkbox"/> CANCELLATION	Date (dd/mm/yy): / / 20
Surname:		Name:	
Address:		State:	Postcode:

### CARD DETAILS (All details must be supplied)

Type of Card (please tick):	<input type="checkbox"/> VISA	<input type="checkbox"/> 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):	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Monthly	<input type="checkbox"/> 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 its cancellation.

Cardholder's Signature:
Date (dd/mm/yy): / / 20

Office Use Only Reference:
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**PLEASE NOTE: Form to be retained for your records. Do not forward to ADF.**