



St Augustine's College
AUGUSTINE HEIGHTS
Be together in heart and mind

AUTHORITY FOR RECURRENT PAYMENT BY CREDIT CARD

NEW REQUEST

ALTERATION

CANCELLATION

DATE:

FIRST NAMES:

SURNAME:

ADDRESS:

STATE:

POSTCODE:

CARD DETAILS (ALL DETAILS MUST BE SUPPLIED)

CARD TYPE:

CARDHOLDER NAME: (AS APPEARS ON CARD)

VISA

MASTERCARD

CARD NUMBER:

EXPIRY DATE:

PLEASE BLACKOUT THIS SECTION AFTER LOADING.

DESCRIPTION OF GOODS/SERVICES: (E.G. SCHOOL FEES)

PAYMENT DETAILS

AMOUNT PER DEBIT:

START PAYMENT DATE:

FINAL PAYMENT DATE:

\$

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 its cancellation.

CARD HOLDER'S SIGNATURE:

DATE:

(OFFICE USE ONLY) REFERENCE:

PLEASE NOTE: FORM TO BE RETAINED FOR YOUR RECORDS. DO NOT FORWARD TO ADF.