



AUTHORITY FOR RECURRENT PAYMENT BY CREDIT CARD

NEW REQUEST
 ALTERATION
 CANCELLATION
 DATE:

FAMILY ACCOUNT CODE:

ACCOUNT HOLDER FIRST NAME & SURNAME:

ADDRESS:

STATE:
 POSTCODE:
 EMAIL:
 MOBILE NUMBER:

CARD DETAILS (ALL DETAILS MUST BE SUPPLIED)

CARD TYPE: VISA MASTERCARD
 CARDHOLDER NAME: (AS APPEARS ON CARD)

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)
 WEEKLY
 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.