ARCHDIOCESAN DEVELOPMENT FUND

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

2023 Authority For Recurrent Payment By VISA or MasterCard

☐ NEW REQUEST ☐ ALTERATION ☐ CANCELLATION **DATE:**

FIRST NAMES:

SURNAME:

ADDRESS:

STATE:

POSTCODE:

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)* ☐ 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.