



## 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:**

**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.*