



CREDIT CARD REGULAR PAYMENT REQUEST

New Agreement / Amendment of Existing Authority



TAILORED FINANCIAL SOLUTIONS

Request and Authority to debit the credit card account named below to pay:

MARY MACKILLOP CATHOLIC COMMUNITY PRIMARY SCHOOL BALLAJURA WA

Request and Authority to debit credit card account	Name _____ Address _____ Request and authorize Mary MacKillop Catholic Community Primary School to debit my credit card account as detailed below to pay my (child's school fees). This authority remains in force until such time that I provide written instruction to amend or cancel this authority.
Insert details of credit card account to be debited	Name of cardholder _____ Type of credit card MASTERCARD / VISA (AMEX NOT ACCEPTED) Card number _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ Expiry Date _ _ - _ _
Debit Frequency	Agreed payment amount (_____). The first debit may be made on ___/___/___ (please select the 7 th , 14 th , 21 st or 28 th of the month and circle option monthly/quarterly/half yearly, with the Final Payment Date _____
Debit End Date	OPTIONAL - You may leave Final Date blank with payments to continue into the following school year. Fee adjustment will be made & communicated to you.
Debit Amount	The amount to be debited each time is \$ _ _ _ _ _ - _ _ _ _ (Amount in words) _____
Insert your signature	Signature _____ Date: ___/___/___ Child's Name OR Family Code _____

FOR SCHOOL USE ONLY: Mary MacKillop Catholic Community Primary School

Family Code: _____
Date Received: ___/___/___ Loaded to Bank: ___/___/___ MAZE _____