

REGULAR PAYMENT REQUEST

Request and Authority to debit the account/credit card named below to pay St Mary's College (CCES)

<u>Family Name and Address</u>	Name _____ Address _____ Request and authorise St Mary's College to debit my account/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.
<u>Credit Card</u> Insert details of credit card account to be debited	Name of cardholder _____ Type of Credit Card: Mastercard / VISA Card Number Expiry Date -
<u>Bank Account</u> Insert the name and address of financial institution at which account is held	Financial Institution Name _____ Address _____ _____
Insert details of account to be debited	Name of Account _____ BSB Number - Account Number
<u>Tuition Fees</u> Debit Frequency Debit Amount Debit End Date	The first debit may be made on: / / and at weekly / fortnightly / monthly intervals The amount to be debited each time is: \$ _____ (Amount in words) _____ The debits are to continue until: / /
Insert your signature	Signature _____ Date / / Child's Name _____

FOR OFFICE USE ONLY:

New Agreement / Amendment of Existing Authority

Family Code: _____

Date Received & Actioned: _____

Staff member (actioned by): _____