



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 Account number _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ Expiry Dare _ _ - _ _
<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 Holder _____ 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 ___ / ___ / ___
<u>School Building Fund Donation (Tax Deductible)</u>	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: _____

Date Actioned: _____

Staff member (actioned by): _____