REGULAR PAYMENT REQUEST

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

Family Name and Address	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.
Credit Card Insert details of credit card account to be debited	Name of cardholder _____ Type of Credit Card: Mastercard / VISA Card Number |___|___|___|___| |___|___|___|___| |___|___|___|___| |___|___|___|___| Expiry Date |___|___| - |___|___|
Bank Account 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 |___|___|___|___| |___|___|___|___| |___|___|___|___| |___|___|___|___|
Tuition Fees 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): _____

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