



Direct Credit Request

NEW/AMENDMENT
(Delete one)

CREDIT CARD REGULAR PAYMENT REQUEST

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

St Joseph's School - Northam

Request and Authority to debit credit card account	Name _____ Address _____ Request and authorise <u>St Joseph's School - Northam</u> 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 Card number __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ Expiry Date __ __ - __ __
Debit Frequency	The first debit may be made on ___ / ___ / ___ and at fortnightly / monthly / quarterly / half yearly intervals thereafter.
Debit Amount	The amount to be debited each time is \$ ___ ___ ___ ___ - ___ ___ (Amount in words) _____
Debit End Date	The debits are to continue: until further notice OR until ___/___/___ .
Insert your signature	Signature _____ Date: ___/___/___

FOR SCHOOL USE ONLY:

Family Code: _____