CREDIT CARD REGULAR PAYMENT REQUEST

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

Request and Authority to debit credit card account	**Name** _____ **Address** _____ **Email**_____ request and authorise to debit my credit card account as detailed below to pay my 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** **Account number** |___|___|___|___| |___|___|___|___| |___|___|___|___| |___|___|___|___| **Expiry Dare** |___|___| - |___|___|
Debit Frequency **Debit Amount** **Debit End Date**	☐ The first debit may be made on ___ / ___ / ___ and at weekly / fortnightly / monthly / quarterly / half yearly / yearly intervals after that. ☐ The amount to be debited each time is $ |___|___|___| - |___|___| **(Amount in words)** _____ ☐ The debits are to continue: until further notice **OR** 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): _____