



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	<input type="checkbox"/> The first debit may be made on ___ / ___ / ___ and at weekly / fortnightly / monthly / quarterly / half yearly / yearly intervals after that. <input type="checkbox"/> The amount to be debited each time is \$ _ _ _ _ - _ _ _ _ (Amount in words) _____ <input type="checkbox"/> 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): _____