

Credit Card Regular Payment Request

Request and Authority to debit the account named below to pay Orana Catholic Primary School

Orana Catholic Pilliary School	
Request and Authority	Name:
to debit credit card account	Address:
	request and authorise Orana Catholic Primary School to <i>debit my credit card account</i> as detailed below. This authority remains in force until such time that I provide written instruction to amend or cancel this authority.
Insert the details of credit card account to be debited	Name of Card Holder:
	Type of credit card (please circle) MASTERCARD / VISA
	Card number
	Expiry Date -
Frequency of Debits	The first debit may be made on/ and at fortnightly / monthly 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//
2 40.10 2 11.00	Please Note: If no end date is stipulated, direct debits will continue indefinitely.
Insert your signature	Signature Date//
	Child's Name:
FOR S	SCHOOL USE ONLY: Orana Catholic Primary School
New Agreement / Ame	ndment of Existing Authority
Family Code:	
Date Received: /	/