



### CREDIT CARD REGULAR PAYMENT REQUEST

Request and Authority to debit the credit/debit card account named below to  
 pay school fees for  
**St Joseph's School Hindmarsh**

<b>Request and Authority to debit credit card account</b>	<b>Name</b>																				
	<b>Address</b>																				
	<b>Email</b>						<b>Contact Number</b>														
	<i>I request and authorise (St Joseph's School, Hindmarsh) to debit my credit/debit card account as detailed below to fees and charges as levied. This authority remains in force until such time that I provide written instruction to amend or cancel this authority.</i>																				
<b>Insert details of credit card account to be debited</b>	<b>Name of Cardholder</b>																				
	<b>Type of Credit Card</b>			MasterCard			VISA														
	<b>Account Number</b>																				
	<b>Expiry Date</b>					-															
<b>Debit Frequency</b>	All debits will be processed <input type="checkbox"/> weekly <input type="checkbox"/> fortnightly <input type="checkbox"/> monthly <input type="checkbox"/> termly																				
<b>Debit Amount</b>	The amount to be debited on the nominated frequency is \$ _____ (Please note all deductions will be processed on a Friday regardless of frequency)																				
<b>Debit End Date</b>	<input type="checkbox"/> until notified by the school that payments can be ceased <i>or</i> <input type="checkbox"/> this authority remains in place until ____ / ____ / ____																				
	Signature: _____												DATE: ____ / ____ / ____								
	Child's Family Name: Family bill code:																				