



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

Request and Authority to debit credit card account	Name																				
	Address																				
	Email						Contact Number														
	<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>																				
Insert details of credit card account to be debited	Name of Cardholder																				
	Type of Credit Card			MasterCard			VISA														
	Account Number																				
	Expiry Date					-															
Debit Frequency	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Termly <i>(Please note all deductions will be processed on a Friday regardless of debit frequency)</i>																				
Debit Amount	The amount to be debited on the nominated frequency is \$ _____																				
Debit End Date	<input type="checkbox"/> until notified by the school that payments can be ceased or <input type="checkbox"/> this authority remains in place until ____ / ____ / ____																				
	Signature: _____												Date: ____ / ____ / ____								
	By signing, I understand that the deduction amount should be in accordance with the School Fee schedule to ensure that all tuition fees are paid in full each year and that additional charges for extracurricular activities are not included in the School Fee schedule and that I will be required to make additional payments outside this agreement to cover these charges as they are incurred.																				
	Child's Family Name: _____												Family Billing Number: _____								