



CREDIT CARD REGULAR PAYMENT REQUEST 2017

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

St Augustine Primary School

Request and Authority to debit credit card account	Name _____				
	Address _____				
request and authorise St Augustine Primary School to debit my credit card account as detailed below to pay my (child's school fees). 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 Date __ _ - __ _				
Frequency of Debits	No. of Payments	Date/s	Details	Amount	
	1	February -17	<i>Total Fees Payment</i>	\$.....	
	4	Feb17/May19/Aug11/Nov17	<i>4 Instalments</i>	\$.....	
	10	Feb to Nov	<i>10 Monthly Payments</i>	\$.....	
	<i>(Monthly debits occur on the 17th of every month)</i>				
	20	Feb to Dec	<i>20 Fortnightly Payments</i>	\$.....	
<i>(Debits occur every 2nd Friday commencing 17/02/17 and concluding 10/11/17)</i>					
			TOTAL ANNUAL FEES	\$.....	
Insert your signature	Signature				
	X _____		Date: ___/___/___		
	Eldest Child's Name _____		Class: _____		

FOR SCHOOL USE ONLY:

Family Key: _____

Date Received: ___/___/___

Date Actioned: ___/___/___

Staff member (actioned by): _____