



St Joseph's Catholic Primary School

26 - 36 Leopard Street, Kangaroo Point Qld 4169

PO Box 1856, NEW FARM Qld 4005

Telephone: 07 3391 5397

Email: pkangaropt@bne.catholic.edu.au



AUTHORITY FOR RECURRENT PAYMENT BY CREDIT CARD

NEW REQUEST ALTERATION CANCELLATION

Date (dd/mm/yy): / / 20

Surname:

Student/s Name/s

Name:

Address:

State:

Postcode:

CARD DETAILS (All details must be supplied)

Type of Card (please tick): VISA MASTERCARD

Cardholder Name (as appears on card):

Card Number:

Expiry Date (dd/mm/yy): / / 20

Please black out this section after loading.

DESCRIPTION OF GOODS/SERVICES (For example, school fees)

PAYMENT DETAILS

Payment Frequency (please tick): Fortnightly Monthly Once Only

Start Payment Date (dd/mm/yy): / / 20

Final Payment Date (dd/mm/yy): / / 20

Amount per debit: \$

I hereby authorise the Merchant to debit my Card Account with the amount and at the intervals specified above for goods/services as described.

This authority shall stand, in respect of the above specified Card and in respect of any Card issued to me in renewal or replacement thereof, until I notify the Merchant in writing of it's cancellation.

Cardholder's Signature:

Date (dd/mm/yy): / / 20

Office Use Only Reference:

PLEASE NOTE: Form to be retained for your records. Do not forward to ADF.