



St Matthew's Catholic Primary School

P.O. Box 3038  
Loganholme Qld 4129

P: 3209 6155

F: 3801 3925

E: pcomubia@bne.catholic.edu.au



# AUTHORITY FOR RECURRENT PAYMENT BY CREDIT CARD

NEW REQUEST     ALTERATION     CANCELLATION    Date (dd/mm/yy):    /    / 20

Surname: \_\_\_\_\_ 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

Amount per debit: \$ \_\_\_\_\_ :

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

Payment Frequency (please tick):     Fortnightly     Monthly     Once Only

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.