CDF CATHOLIC DEVELOPMENT FUND

Cards Online Payment Services

CREDIT CARD REGULAR PAYMENT REQUEST 2020

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

St Augustine's Primary School

Request and Authority to debit credit card account

Name_____

Address_____

request and authorise **St Augustine's Primary School Rivervale WA 6103** 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	**March 20**	***Total Fees Payment***	**$.....**
4	**Mar 20/May22/Aug21/Nov20**	***4 Instalments***	**$.....**
10	**March to Nov**	***10 Monthly Payments***	**$.....**
20	**Mar to Dec**	***20 Fortnightly Payments***	**$.....**
(Debits occur every 2nd Friday commencing 20/03/20 and concluding 20/11/20			
		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): _____