



St Mary's College Ipswich
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AUTHORITY FOR RECURRENT PAYMENT BY CREDIT CARD

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

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): / /

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

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): / /

STUDENTS NAMES	FIRST NAME	SURNAME
.....
.....
.....

Office Use Only Reference:

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