



Cards Online Payment Services

CREDIT CARD REGULAR PAYMENT REQUEST

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

ST NORBERT COLLEGE

Request and Authority to debit credit card account	Name _____ Address _____ request and authorise <i>St Norbert College</i> 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 / Bankcard Account number __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ Expiry Date __ __ - __ __
Debit Frequency	The first debit may be made on ___ / ___ / ___ and at fortnightly / monthly / quarterly / half yearly / yearly intervals thereafter.
Debit Amount	The amount to be debited each time is \$ __ __ __ __ - __ __ (Amount in words) _____
Debit End Date	The debits are to continue: until further notice OR until ___/___/___ .
Insert your signature	Signature __X_____ Date: ___/___/___ Child's Name _____

FOR SCHOOL USE ONLY:

New Agreement / Amendment of Existing Authority

Family Code: _____

Date Received: ___/___/___

Date Actioned: ___/___/___

Staff member (actioned by): _____