



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 - FIRST COLLECTION AND SECOND COLLECTION

I/We request that you debit my/our account in accordance with our Agreement and subject to one or more of the following conditions:

FIRST COLLECTION

Amount of: \$:

Payment Frequency (please tick):
 Fortnightly
 Monthly

_____ / / 20

Final Payment Date (dd/mm/yy): **UNTIL FURTHER NOTICE**

SECOND COLLECTION

Amount of: \$:

Payment Frequency (please tick):
 Fortnightly
 Monthly

_____ / / 20

Final Payment Date (dd/mm/yy): **UNTIL FURTHER NOTICE**

Signature of Customer: _____

Office Use Only Parish Reference Code: _____

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 its 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.