Family Code……..

CREDIT CARD
REGULAR PAYMENT REQUEST
NEW / AMENDMENT
(Delete one)

Request and Authority to debit the account named below to pay

Emmanuel Catholic College

Request and authorise to debit credit card account	**Your Surname** _____ **Your Given names** _____ **"you"** Request and authorise **Emmanuel Catholic College User ID 375117** to arrange, through its own financial institution, a debit to your nominated account any amount **Emmanuel Catholic College,** has deemed payable by *you.* This authority remains in force until such time that I provide written instruction to amend or cancel this authority and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.
Insert details of credit card account to be debited	Name of cardholder_____ Type of credit card Mastercard / VISA Account number |__|__|__|__| |__|__|__|__| |__|__|__|__| |__|__|__|__| Expiry Date |___|___| - |___|___|
Amount and frequency of debits	Maximum amount (**$**). The first debit may be made on ___/____/___ and at weekly /fortnightly / monthly / quarterly intervals thereafter
End date	The debits are to continue until further notice OR until ___/___ /____. **(leave blank to continue through Xmas break)**
Acknowledgment	By **signing** and/or providing us with a **valid instruction** in respect to your Direct Debit Request, you have understood and agreed to the terms and conditions governing the debit arrangements between you and **Emmanuel Catholic College** as set out in this Request and in your Direct Debit Request Service Agreement.
Insert your signature and address	**Child's Name** _____ **Signature**_____ **Address** _____ _____ **Date** ___ / ___ / ___