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** _____<br>**Your Given names** _____ **"you"**<br>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_____<br>Type of credit card Mastercard / VISA<br>Account number \|__\|__\|__\|__\| \|__\|__\|__\|__\| \|__\|__\|__\|__\| \|__\|__\|__\|__\|<br>Expiry Date \|___\|___\| - \|___\|___\| |
| **Amount and frequency of debits** | Maximum amount ( **$** ). The first debit may be made on ___/____/___<br>and at weekly /fortnightly / monthly / quarterly intervals thereafter |
| **End date** | The debits are to continue until further notice OR until ___/___ /____.<br>**(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** _____<br>**Signature**_____<br>**Address**<br>_____<br>_____<br>**Date** ___ / ___ / ___ |