



## AUTHORITY FOR RECURRENT PAYMENT BY CREDIT CARD

Action (Please ck):  New request  Alteration  Cancellation

Student/s Name/s:

Surname: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

### SECTION 1 – CARD DETAILS (ALL DETAILS MUST BE SUPPLIED)

Type of Card (Please ck):  VISA  MASTERCARD

Cardholder Name (As appears on card): \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiry Date (dd/mm/yy): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please black out this section on a separate sheet.

### SECTION 2 – DESCRIPTION OF GOODS/SERVICES (FOR EXAMPLE, SCHOOL FEES)

\_\_\_\_\_

\_\_\_\_\_

### SECTION 3 – READY RECKONER

For assistance in calculating payment dates using the Ready Reckoner please refer to ADF website or follow the link <https://adf.brisbanecatholic.org.au/ready-reckoner>

### SECTION 4 – PAYMENT DETAILS

Payment Frequency (Please ck):  Fortnightly  Monthly  Once Only

No. of Payments: \_\_\_\_\_ Start Payment Date (dd/mm/yy): \_\_\_\_ / \_\_\_\_ / 20

Amount per debit: \$ \_\_\_\_\_ Final Payment Date (dd/mm/yy): \_\_\_\_ / \_\_\_\_ / 20

### SECTION 5 – AUTHORITY

I hereby authorise the Merchant to debit my Card Account with the amount and at the intervals specified above for goods/services as described. In the event of any change in the charges for these goods/services, I/we authorise \_\_\_\_\_ to alter the amount from the appropriate

date in accordance with such change from me to me.

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, unless I notify the Merchant in writing of its cancellation.

Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / 20

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

OFFICE USE ONLY Reference: \_\_\_\_\_

