HOLY CROSS WOOLOOWIN

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ARCHDIOCESAN DEVELOPMENT FUND

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

Amount per debit: $:

Start Payment Date *(dd/mm/yy)*: / / 20 Final Payment Date *(dd/mm/yy)*: / / 20

Payment Frequency *(please tick)*: ☐ Fortnightly ☐ Monthly ☐ Once Only

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 it's 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.