CREDIT CARD ONLY

Mt Maria College Petrie

Inspired by Maximillian Kolbe and Marcellin Champagnat

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Date: _____

☐ **NEW REQUEST** ☐ **ALTERATION** ☐ **CANCELLATION**

Standing Order Authority for Recurrent Periodic Payment by Credit Card

Surname: _____ Name(s): _____

Address: _____ State: _____ P/code: _____

Type of Card (circle) Bankcard MasterCard Visa

Card Number: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Please black out this section after loading

Cardholder Name (as appears on card): _____

Expiry Date: ____ / ____

Description of goods/services: _____

(eg. School Fees, Planned Giving, Building Fund, etc.)

Amount per debit: $ _____ Frequency **Fortnight / Monthly / Quarterly**

Date of first debit: _____ Until End Date_____

I wish to use my _____ (type of card) to pay for the above goods/services supplied to me by

_____ (the merchant).

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.

Cardholders Signature: _____ Date: _____

School Use Only **Reference** _____

Please note: Form to be retained for your records. Do not forward to ADF