



**FORM B**

**CREDIT CARD REGULAR PAYMENT REQUEST**

Request and Authority to debit the credit/debit card account named below to pay school fees for  
**St Joseph's School Hindmarsh**

<b>Request and Authority to debit credit card account</b>	<b>Name</b>																					
	<b>Address</b>																					
	<b>Email</b>	<b>Contact Number</b>																				
	<i>I request and authorise (St Joseph's School, Hindmarsh) to debit my credit/debit card account as detailed below to fees and charges as levied. This authority remains in force until such time that I provide written instruction to amend or cancel this authority.</i>																					
<b>Insert details of credit card account to be debited</b>	<b>Name of Cardholder</b>																					
	<b>Type of Credit Card</b>	<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA																				
	<b>Account Number</b>	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																				
<b>Expiry Date</b>	<table border="1"> <tr> <td></td><td></td><td>-</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>			-																		
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<b>Debit Frequency</b>	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Termly <i>(Please note all deductions will be processed on a Friday regardless of debit frequency)</i>																					
<b>Debit Amount</b>	The amount to be debited on the nominated frequency is \$ _____																					
<b>Debit End Date</b>	<input type="checkbox"/> until notified by the school that payments can be ceased <i>or</i> <input type="checkbox"/> this authority remains in place until ____ / ____ / ____																					
	Signature: _____ Date: ____ / ____ / ____  By signing, I understand that the deduction amount should be in accordance with the School Fee schedule to ensure that all tuition fees are paid in full each year and that additional charges for extracurricular activities are not included in the School Fee schedule and that I will be required to make additional payments outside this agreement to cover these charges as they are incurred.																					
	Child's Family Name:	Family Billing Number:																				