CREDIT CARD
REGULAR PAYMENT REQUEST
NAB TRANSACT

Request and Authority to debit the credit card account named below to pay:

OUR LADY'S OF ASSUMPTION DIANELLA

Request and Authority to debit credit card account	**Name**_____ **Address**_____ Request and authorize **Our Lady's Assumption Dianella** to ***debit my credit card account*** as detailed below to pay my (child's school fees). This authority remains in force until the end date or such time that I provide written instruction to amend or cancel this authority.
Insert details of credit card account to be debited	**Name of cardholder**_____ **Type of credit card MASTERCARD / VISA** **Card number** |__|__|__|__| |__|__|__|__| |__|__|__|__| |__|__|__|__| **Expiry Date** |___|___| - |___|___|
Debit Frequency	The ***first debit*** to be made on _____ / _____ / _____ and at **weekly** / **fortnightly** or **monthly** intervals thereafter. ***(Please circle which is applicable)***
Debit Amount	The amount to be debited each time is **$** ___|___|___|___| - |___|___| **(PLEASE ENSURE THE AMOUNT IS COMPLETED)**
Debit End Date	The debits are to continue until **____/____ /_____** . **(PLEASE ENSURE YOU FILL IN THE DATE)**
Insert your signature	**Signature** _____**Date**: ___/___/____ **Child's Name OR Family Code**_____

FOR SCHOOL USE ONLY: **Our Lady's Assumption Dianella**

New Agreement / Amendment of Existing Authority
Family Code: _____

Date Received: ___/___/_____ Date Actioned: ___/___/_____

Staff member (actioned by): _____