

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 <u>Our Lady's Assumption Dianella</u> to <i>debit my credit card account</i> as detailed below to pay my (child's school fees). This authority remains in force until 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 <i>first debit</i> may be made on ___ / ___ / ___ and at weekly / fortnightly / monthly thereafter.
Debit Amount	The amount to be debited each time is \$ _ _ _ _ - _ _ _ (Amount in words) _____
Debit End Date	The debits are to continue: until further notice OR until ___/___/___.
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): _____	