



Direct Credit Request – NEW/AMENDMENT (delete one)

Credit Card regular payment request

Please return the completed document to: St Joseph's School, PO Box 500, Northam WA 6401 or drop into Reception at either campus. Request and Authority to debit the credit card account to pay: **St Joseph's School Northam**

STEP 1: YOUR DETAILS

Full given name and surname

Address

Request and authorise **St Joseph's School - Northam** to **debit my credit card account** as detailed below to pay me child's school fees. This authority remains in force until such time that I provide written instruction to amend or cancel this authority.

STEP 2: ACCOUNT DETAILS

Name of Cardholder

Type of Credit card

Card Number

Expiry date /

STEP 3: YOUR DEBIT REQUEST

Please transfer set amount of \$

Amount in words

Frequency fortnightly monthly quarterly half yearly
(Please tick)

Debit commencement date / /

Debit end date – The debits are to continue until further notice **OR** until / /

STEP 4: SIGNATURE

Name

Signature

Date

FOR SCHOOL USE ONLY:

Family Code: