St Joseph's College
54 James Street, Toowoomba Qld 4350
PO Box 577, Toowoomba Qld 4350
Phone: 07 4631 8500
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ARCHDIOCESAN DEVELOPMENT FUND

AUTHORITY FOR RECURRENT PAYMENT BY CREDIT CARD

Action *(Please tick)*: ☐ New request ☐ Alteration ☐ Cancellation

Student/s Name/s:

Surname: Name:

Address: Postcode:

SECTION 1 – CARD DETAILS *(ALL DETAILS MUST BE SUPPLIED)*

Type of Card *(Please tick)*: ☐ VISA ☐ MASTERCARD

Cardholder Name *(As appears on card)*:

Card Number: | | | | | | | | | | | | | | | | |

Expiry Date *(dd/mm/yy)*: / /

Please black out this section after loading.

SECTION 2 – DESCRIPTION OF GOODS/SERVICES *(FOR EXAMPLE, SCHOOL FEES)*

SECTION 3 – READY RECKONER

For assistance in calculating payment dates using the Ready Reckoner please refer to ADF website or follow the link https://adf.brisbanecatholic.org.au/ready-reckoner

SECTION 4 – PAYMENT DETAILS

Payment Frequency *(Please tick)* : ☐ Fortnightly ☐ Monthly ☐ Once Only

Start Payment Date *(dd/mm/yy)*: / / 20

Amount per debit: $

UNTIL FURTHER NOTICE

SECTION 5 – AUTHORITY

I hereby authorise the Merchant to debit my Card Account with the amount and at the intervals specified above for goods/services as described. In the event of any change in the charges for these goods/services, I/we authorise _____ to alter the amount from the appropriate date in accordance with such change from time to time.

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.

Cardholder's Signature:

Date: / / 20

PLEASE NOTE: Form to be retained for your records. Do not forward to ADF.

OFFICE USE ONLY Reference:

CC 2016/1