

MacKillop Catholic College
PO Box 1068
Rosny Park Tas 7018
Ph: (03) 6245 0099 Fax: (03) 6245 0100
E-mail: finance@mackillop.tas.edu.au



Credit/Debit Card Authority Form

By signing this Credit Card Authority Form, you are authorising us to take payment from your debit or credit card as nominated on your Payment Arrangement Form.

Payments will be processed on the 28th of each month from February to November. If the payment falls on a day that is not a business day, we may process payment from your card on the preceding business day.

Please note that the Terms and Conditions of Enrolment also apply.

We will only arrange for payment to be processed from your card as authorised on this form in conjunction with the Payment Arrangement Form.

It is your responsibility to:

- Ensure you have sufficient funds available on your card on the date that payment is due to be processed; and
- Notify the College of any changes to your credit/debit card details
- Should there be insufficient funds available you may be charged a fee

Debtor Account Name / ID				
Card Type	Visa Credit/Debit Card		Mastercard Credit/Debit	
Cardholder Number				
Card Number				
Expiry Date		CCV		

Credit/Debit Card Details

I/We request that you charge my/our account in accordance with our Agreement

OR

I/We request that you charge my/our account in accordance with our Agreement and subject to one or more of the following conditions:

1. Amount to be charged:

4. Frequency of debit:

2. First payment date:

Reference Code:

3. Final Payment date:

Other details:

Acknowledgement and Authorisation by Signatories of Account to be debited

By signing and/or providing us with a valid instruction in respect to your Credit/Debitcard Request, you acknowledge having read, understood and agreed to the Terms and Conditions of Enrolment.

Signature

Signature

Name

Name

Date

Date

Office Use Only

Received by:

Date:

Authority Number: