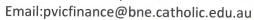
St Rita's Primary School

39 Benfer Road, Victoria Point Qld 4165

Telephone: 07 3207 6628





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 DETA	II S MITIST DE CLIDDITEDI				
Type of Card (Please tick): VISA	MASTERCARD				
Cardholder Name (As appears on card):	LI IMOTERIO IND				
Card Number:					
Please black out this section after loading.			Expiry Da	ate (dd/mm/yy):	
SECTION 2 – DESCRIPTION OF GO	ODS/SERVICES (FOR EXAMI	PLE, SCHOOL FEES)			
				111111111111111111111111111111111111111	
				-	
SECTION 3 – READY RECKONER	The State of the S		Section 1		
	ag the Death Destroy and	f 1 125			
For assistance in calculating payment dates usin	ig the Ready Reckoner please	refer to ADF wel	osite or follow the	link https://adf.bris	banecatholic.org.au/ready-reckoner
SECTION 4 – PAYMENT DETAILS			14		
Payment Frequency (Please tick): Fortnightly	☐ Monthly	Once On	ly		
No. of Payments:	Start Payment Date (dd/mm/y)	y):/	/ 20		
Amount per debit: \$	Final Payment Date (dd/mm/yy	y): /	/ 20		
SECTION E AUTHORITY					
SECTION 5 – AUTHORITY	and Associate with the area with				The Control of the Co
I hereby authorise the Merchant to debit my Ca change in the charges for these goods/services date in accordance with such change from time	, I/we authorise	nd at the interva	is specified above t	for goods/services a to alter the	is described. In the event of any amount from the appropriate
This authority shall stand, in respect of the abo		t of any Candian			
in writing of it's cancellation.	ve specified card and in respec	t of any Card issi	led to me in renew	vai or replacement t	nereof, until I notify the Merchant
Cardholder's Signature:	Date:	/ /20			
PLEASE NOTE: Form to be retained for your reco	rds. Do not forward to ADF.				
	OFFICE USE ONLY Reference:				
					CC 2016/: