ARCHDIOCESAN DEVELOPMENT FUND

Star Of The Sea Primary School

33 Hughes Road, Torquay Qld 4657
Telephone: 07 4125 1220
Email: ptorfinance@bne.catholic.edu.au

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

No. of Payments: Start Payment Date *(dd/mm/yy)*: / / 20

Amount per debit: $ Final Payment Date *(dd/mm/yy)*: / / 20

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 2025/1