



CREDIT CARD REGULAR PAYMENT REQUEST

Request and Authority to debit the credit card account named below to pay St Pius X School

Request and Authority to debit credit card account	Name	
	Address	
	Email	
	<i>I request and authorise St Pius X School to debit my credit card account as detailed below to pay my school fees.</i>	
Insert details of credit card account to be debited	Name on Card	
	Type of credit card	Mastercard / VISA
	Card number	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
	Expiry Date	_ _ - _ _
	CCV	_ _
Debit details	Amount	The \$ to be debited each time is \$
	Start Date	First debit to be made on ___/___/_____
	Frequency	Deduction to be made - weekly / fortnightly / monthly / term (circle option)
	Completion	Continue until fees paid in full before 30 November OR on ___/___/_____
Approval	Signature	
	Date	
	Child/rens Name/s	

OFFICE USE ONLY

Civica details	Civica Acc Name	
	Civica Acc Number	
	Bpay Reference	
	Date Received	
	Date Entered	
	Entered By	

Strength & Kindness

ST PIUS X SCHOOL