

# St Francis Xavier Catholic School

6 Church Street Goodna Qld 4300

PO Box 402 Goodna Qld 4300

Telephone: 07 3818 0100

Email: pgoodna@bne.catholic.edu.au



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

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 its 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

