



Train up a child in the way he should go:
and when he is old,
he will not depart from it.
Proverbs 22:6

2019 Direct Debit Request – Credit Card

PLEASE COMPLETE AND RETURN AS SOON AS POSSIBLE.

Name:

Family Key:

Address:

Postcode

Card Number:

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Card Expiry:

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Name on Card:

Card Type:

CCV Security Code (if applicable) *normally last three digits on back of card.*

Commencing on the 14th of _____

Please choose one of the following 3 options of when you would like us to debit your account.

Please Debit TOTAL invoice amount owing on;

the 14th of first month of invoice. (February, April, June, August & October)

the 14th of every second month of invoice. (March, May, July, September & November)

Or

Debit HALF the amount owing on the 14th of each month. (February to November)

Signature:

This authority is only relevant for the School Academic Year: **2019**

Please take time to carefully read the direct debit authority agreement.

I have read and agree to the Direct Debit Authority Service Agreement (Terms and Conditions):

Sign: _____ Date: _____

If your credit card details change at all throughout the year, please advise the office at your earliest possible convenience.

Please note that the School will keep the information in a locked and secure place