

# BPOINT ONLINE PAYMENT SERVICE – CREDIT CARD REGULAR PAYMENT REQUEST

Request and Authority to debit the credit card account named below to pay:

**MAZENOD COLLEGE, 55 GLADYS ROAD, LESMURDIE WA 6076**

**New/Amendment (Delete one)**

<b>Request and Authority to debit credit card account</b>	<b>Name</b> _____ <b>Address</b> _____ Request and authorise MAZENOD COLLEGE to <b>debit my credit card account</b> as detailed below to pay my child's school fees. This authority remains in force until such time that I provide written instruction to amend or cancel this authority.
<b>Insert details of credit card account to be debited</b>	<b>Name of cardholder</b> _____ <b>Type of credit card: Mastercard / VISA</b> <b>Card number</b>  _ _ _ _   _ _ _ _   _ _ _ _   _ _ _ _  <b>Expiry Date</b>  _ _  -  _ _
<b>Debit Frequency</b>	The <b>first debit</b> may be made on ___ / ___ / ___ and at weekly, fortnightly or monthly intervals thereafter.
<b>Debit Amount</b>	The amount to be debited each time is \$  _ _ _ _  -  _ _ _  <b>(Amount in words)</b> _____
<b>Debit End Date</b>	The debits are to continue: until further notice OR until ___ / ___ / ___ <b>OPTIONAL:</b> Suspend debits after Final Payment and resume on ___ / ___ / ___
<b>Insert your signature</b>	<b>Signature</b> ___ X _____ <b>Date:</b> ___/___/___  Child's Name _____ School Year _____

FOR SCHOOL USE ONLY:

**New Agreement / Amendment of Existing Authority**

Family Code: \_\_\_\_\_

Date Received: \_\_\_/\_\_\_/\_\_\_      Date Actioned: \_\_\_/\_\_\_/\_\_\_

Staff member (actioned by): \_\_\_\_\_ **2017**