

## 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>	<p><b>Name</b> _____</p> <p><b>Address</b> _____</p> <p>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.</p>
<b>Insert details of credit card account to be debited</b>	<p><b>Name of cardholder</b> _____</p> <p><b>Type of credit card: Mastercard / VISA</b></p> <p><b>Card number</b>  __ _ _ _ _   __ _ _ _ _   __ _ _ _ _   __ _ _ _ _ </p> <p><b>Expiry Date</b>  __ _  -  __ _ _ </p>
<b>Debit Frequency</b>	The <b>first debit</b> may be made on ___ / ___ / ___ and at 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>	<p><b>Signature</b> _____ X_____ <b>Date:</b> ___/___/___</p> <p>Child's Name _____ School Year _____</p>

FOR SCHOOL USE ONLY:

**New Agreement / Amendment of Existing Authority**

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

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

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

Staff member (actioned by): \_\_\_\_\_ **2018**