JOHN XXIII COLLEGE REGULAR PAYMENT REQUEST

I request and authorise John XXIII College to debit my:

☐ Credit Card ☐ Bank Account according to the instructions below.

First Name Surname

Address

Student's Name:

Debit Frequency

The date of the first debit should be (not before):

Thereafter, debits should be made:

☐ Fortnightly ☐ Monthly ☐ Three Instalments (21 Feb, 21 May, 21 Aug)

Debit Amount

The amount to be debited each time is: $

To confirm, the debit amount in words is:

Debit End Date

The debits should continue ☐ until further notice ☐ until this date:

Credit Card Details

☐ Visa ☐ Master Card

Card number Name on Card

Expiry CVC

Signature Date

I request and authorise John XXIII College to debit this credit card account to pay my child's school fees. This authority remains in force until such time that I provide instruction to amend or cancel it.

Bank Account Details

Financial Institution:

Institution's address:

Name/s on account

BSB Number (6 digits): Account Number (9 digits):

Signature Date

I request and authorise John XXIII College (User ID 375129) to arrange to debit this account any amount it deems payable by me. By signing, I confirm that I have understood and agreed to the terms and conditions governing the debit arrangements as set out above and in the Direct Debit Request Service Agreement.

College staff use only

☐ New agreement ☐ Amendment of existing authority

Family Code:

Date received: Date actioned: Actioned by:

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John XXIII College
Seek Justice