CREDIT CARD REGULAR PAYMENT REQUEST NAB TRANSACT

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

OUR LADY'S ASSUMPTION SCHOOL

Request and Authority to debit credit card account	Address
Insert details of credit	Name of cardholder
card account to be	Type of credit card MASTERCARD / VISA
debited	Card number _
	Expiry Date -
Debit Frequency	The <i>first debit</i> may be made on / / and at weekly / fortnightly / monthly thereafter.
Debit Amount	The amount to be debited each time is \$ - -
	(Amount in words)
Debit End Date	The debits are to continue: until further notice OR until/
Insert your	Signature
signature	Date:/
	Child's Name OR Family Code

FOR SCHOOL USE ONLY: Our Lady's Assumption School

New Agreement / Amendment of Existing Authority	
Family Code:	
Date Received:/ Date Actioned:/	
Staff member (actioned by):	-