



ST. JAMES

CATHOLIC COLLEGE

CREDIT CARD AUTHORITY FORM

By signing this Credit Card Authority Form, you are authorising us to take payment from your debit or credit card as nominated on your Payment Arrangement Form.

Payments will be processed on the 28th of each month from February to November. If the payment day falls on a day that is not a business day, we may process payment from your card on the preceding business day. Please note that the Terms and Conditions of Enrolment also apply.

We will only arrange for payment to be processed from your card as authorised on this form in conjunction with the Payment Arrangement Form.

It is your responsibility to:

- Ensure you have sufficient funds available on your card on the date that payment is due to be processed; and
- Notify the school of any changes to your debit/credit card details.

DEBTOR ACCOUNT NAME	
DEBTOR ID	

CARD TYPE	<input type="checkbox"/> Visa Debit	<input type="checkbox"/> Debit Mastercard	<input type="checkbox"/> Credit Card
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CARDHOLDER NAME (as shown on card)	
CARD NUMBER	
EXPIRY DATE	/
CCV Number	

I request that you process payment from my card in accordance with my preferences as outlined on the Payment Arrangement form.

SIGNED	
NAME (please print)	
DATE	

