



Prendiville Catholic College

Credit Card Debit Authority AMENDMENT/NEW

Request and Authority to debit the Credit Card below to pay
Prendiville Catholic College via National Australia Bank

Request and Authority to debit Credit Card account

I authorise Prendiville Catholic College to debit my Credit Card account as detailed below. I understand this authority remains in force until the final payment date becomes effective, or written instruction is provided to cancel the authority.

**Insert credit
card details**

Name of Cardholder _____

Type of Credit Card MASTERCARD / VISA

Card Number

Expiry Date

**Frequency of
Debits**

Maximum amount (\$) _____. The first debit may be made on ____/____/____

and at weekly / fortnightly / monthly / quarterly / half yearly / intervals thereafter,
until this year's fees are **PAID IN FULL** or **ONGOING** (please circle)

**Insert your
signature
and address**

Signature _____

Address _____

Date ____/____/____