



Prendiville Catholic College

Credit Card Debit Authority

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 ____/____/____