



CDF Cards Online Payment Services

CATHOLIC DEVELOPMENT FUND

CREDIT CARD REGULAR PAYMENT REQUEST

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

La Salle College

Request and Authority to debit credit card account	<p>Name _____</p> <p>Address _____</p> <p>Request and authorise <u>La Salle College</u> to debit my credit card account as detailed below to pay my (child's school fees). This authority remains in force until such time that I provide written instruction to amend or cancel this authority.</p>
Insert details of credit card account to be debited	<p>Name of cardholder _____</p> <p>Type of credit card MASTERCARD / VISA</p> <p>Card number _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ </p> <p>Expiry Date _ _ _ - _ _ _ </p>
Debit Frequency	<p>The first debit may be made on ___ / ___ / ___ and at fortnightly / monthly / quarterly / half yearly / yearly intervals thereafter.</p>
Debit Amount	<p>The amount to be debited each time is \$ _ _ _ _ _ - _ _ _ </p> <p>(Amount in words)</p> <p>_____</p>
Debit End Date	<p>The debits are to continue: until further notice OR until ___ / ___ / ____ .</p>
Insert your signature	<p>Signature</p> <p>_____ Date: ___ / ___ / ____</p> <p>Child's Name OR Family Code _____</p>

FOR SCHOOL USE ONLY:

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