



CREDIT CARD PAYMENT REQUEST

Request and Authority to allow credit card payments to be made by Cabra Dominican College

Please complete all sections of this form.

REQUESTOR'S DETAILS		FAMILY ID (if known)	
Surname		Phone Number (during business hours)	
Given Name/s		Email address:	
Address	Postcode		
CREDIT CARD DETAILS			
	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard		
Card Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Expiry Date/.....		
Name on Card		
Cardholder's Signature Signature		
PAYMENT DETAILS			
Amount	\$		
Frequency	Date of first payment/...../..... Date of last payment/...../.....or <input type="checkbox"/> ongoing (if selecting the ongoing payment option, you must contact the College to amend your fee payment amount each year to ensure the full year's fees are paid) Debits to be made at the following intervals: <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly Monthly <input type="checkbox"/> 14 th or <input type="checkbox"/> 28 th		
Cardholder's Signature Signature	 Date