



CREDIT CARD PAYMENT REQUEST & AUTHORITY

Request and Authority to debit the account named below to pay
Lumen Christi College

Request and Authority to debit credit card account

Name
Address
request and authorise Lumen Christi College 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.

Insert details of credit card account to be debited

Name on the card
Type of credit card: Mastercard / VISA / Debit Card (Please circle)
Account number
Expiry Date

Debit Start & Frequency

The first debit may be made on ___ / ___ / ___ and weekly / fortnightly / monthly / three equal instalments (Please circle) intervals thereafter,

Debit Amount

The amount to be debited each time is \$
(Amount in words)

Debit End Date

The debits are to continue: until further notice OR until ___ / ___ / ___

Insert your signature

Signature
Date: ___ / ___ / ___
Student Name/s

FOR SCHOOL USE ONLY:

New Agreement / Amendment of Existing Authority

Family Code:

Date Actioned: ___ / ___ / ___ Actioned By:



NEW DIRECT DEBIT REQUEST & AUTHORITY

Request and Authority to debit the account named below to pay
Lumen Christi College

Request and Authority to debit

Your Surname or company name
Your Given names or ABN/ARBN "you"
request and authorise Lumen Christi College User ID 375133 to arrange, through its own financial institution, a debit to your nominated account any amount Lumen Christi College, has deemed payable by you.
This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from your account held at the financial institution you have nominated below and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.

Insert the name and address of financial institution at which account is held

Financial institution name
Address

Insert details of account to be debited

Name/s on account
BSB number (Must be 6 Digits)
Account number

Frequency of Debits

Amount \$
The first debit may be made on ___ / ___ / ___ and at weekly/fortnightly/monthly/three equal instalments (please circle) intervals thereafter, with the Final Payment Date on ___ / ___ / ___ (optional)

Acknowledgment

By signing and/or providing us with a valid instruction in respect to your Direct Debit Request, you have understood and agreed to the terms and conditions governing the debit arrangements between you and Lumen Christi College as set out in this Request and in your Direct Debit Request Service Agreement.

Insert your signature and address

Signature
(If signing for a company, sign and print full name and capacity for signing eg. director)
Address
Date ___ / ___ / ___
Student Name/s

FOR SCHOOL USE ONLY:

Family Code: Authority Code:

Date Actioned: ___ / ___ / ___ Actioned By: