



ONE TIME CREDIT CARD PAYMENT REQUEST

Application Fee - St Francis Xavier's Regional Catholic School

Request and Authority to debit the credit card account named below to pay St Francis Xavier's Regional Catholic School

Request and Authority to debit credit card account

Name _____

Address _____

Email Address _____

Request and authorise St Francis Xavier's Regional Catholic School to debit my credit card account as detailed below. This authority is for a once off payment.

Insert details of credit card account to be debited

Name of Cardholder _____

Type of Credit Card: MasterCard Visa Bankcard

Account No:

□□□□ □□□□ □□□□ □□□□

Expiry Date:

CVV:

□□-□□

□□□

Debit frequency

The debit may be made on ____/____/____ *****ONCE ONLY*****

The amount to be debited:

\$ □□□

Amount in words _____

Insert your signature

Signature _____

Date ____/____/____

Child/Children's Name(s) _____

For Office Use Only

Date Received ____/____/____

Date Actioned ____/____/____

Staff Member (actioned by) _____