



# SANTA MARIA COLLEGE

## Credit Card Request

**Request and Authority to debit the account named below to pay Santa Maria College**

<b>Request and Authority to debit</b>	<p>Surname(s) or company name _____</p> <p>Given names or ACN/ARBN _____ ("you")</p> <p>Request and authorise Santa Maria College to arrange for any amount to be debited or subject to the terms and conditions of the Direct Debit Request Service Agreement (and any further instructions provided below).</p>
<b>Name and address of financial institution at which account is held</b>	<p>Financial institution name _____</p> <p>Address _____</p>
<b>Insert details of account to be debited</b>  <i>Visa or Master Card only</i>	<p>Credit Card Account Name _____</p> <p>Card No <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"/> <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"/></p> <p>Expiry Date ____/____</p>
<b>Acknowledgement</b>	<p>By signing this <b>Credit Card</b> request you acknowledge having read and understood the terms and conditions governing the credit card debit arrangements between you and Santa Maria College as set out in this request and in your Direct Debit Request Service Agreement. <b>Existing Credit Card arrangements will remain in place unless otherwise advised.</b></p>
<b>Payment Details</b>	<p>Debited for nominated intervals from February – November <b>or until the fee debt has been paid.</b></p> <p><input type="checkbox"/> Monthly (10)      Commencing 28 of the month from February to November</p> <p><input type="checkbox"/> Quarterly          28 February, 28 April, 28 July and 28 October</p> <p><input type="checkbox"/> Payment in Full    Last business day of February</p>
<b>Insert your signature and address</b>	<p>Signature(s) _____ (If signing for a company, sign and print full name and capacity for signing e.g. director)</p> <p>Address _____ _____</p> <p>Date ____/____/____</p>