



# Fraser Coast Anglican College

## CREDIT CARD AUTHORITY

### CUSTOMERS AUTHORITY

Surname: \_\_\_\_\_ Name (s): \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Type of card (please circle):      MASTERCARD                  VISA

Card Number: \_\_\_\_\_

Cardholder Name (as appears on card): \_\_\_\_\_

Expiry Date: \_\_\_\_ / \_\_\_\_

Parent Account Number: \_\_\_\_\_

This credit card authority is for payment of (please tick all applicable):

Koala Kindy Fees          Fortnightly only

Roos Fees                  Fortnightly only

School Fees        

For school fees please debit my credit card Weekly / Fortnightly / Monthly / By the term (please circle)

Amount per debit: \$ \_\_\_\_\_ or as per Payment Plan provided: Yes / No (please circle)

Date of first debit: \_\_\_\_ / \_\_\_\_ /20\_\_ (Fridays only)

I wish to use the credit card detailed above to pay for the above fees supplied to me by Fraser Coast Anglican College (the merchant).

I hereby authorise the Merchant to debit my Card Account with the amount(s) and that the intervals specified above or in the Payment Plan provided and in the event of any change in the charges for these School Fees to alter the amount from the appropriate date in accordance with such change.

This authority shall stand, in respect of the above specified Card and in respect of any Card issued to me in renewal or replacement thereof, until I notify the Merchant in writing of it's cancellation.

Cardholders Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_