AQUINAS COLLEGE PAYMENT ARRANGEMENT ADVICE 2024 - BPOINT





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AUTHORITY FOR RECURRENT PAYMENT BY CARD

| Action (Please tick): New request | Alteration Cance | llation |
|---|-----------------------------------|--|
| Student/s Name/s: | | Year Level/s: |
| Surname: | | Name: |
| Address: | | Postcode: |
| SECTION 1 – CARD DETAILS (ALL DETAILS | S MUST BE SUPPLIED) | |
| Type of Card (Please tick): VISA | MASTERCARD | |
| Cardholder Name (As appears on card): | | |
| Card Number: | | Expiry Date (dd/mm/yy): / |
| Please black out this section after loading. | | |
| SECTION 2 – DESCRIPTION OF GO | ODS/SERVICES (FOR EXAMPLE, SCH | 100L FEES) |
| SECTION 3 — READY RECKONER For assistance in calculating payment dates usin SECTION 4 — PAYMENT DETAILS | g the Ready Reckoner please refer | to ADF website or follow the link https://adf.brisbanecatholic.org.au/ready-reckoner |
| Payment Frequency (Please tick): Weekly | Fortnightly | Monthly Quarterly Once only |
| No. of Payments: | Start Payment Date (dd/mm/yy): | / / 20 |
| Amount per debit: \$ | Final Payment Date (dd/mm/yy): | / / 20 OR □ Until Further Notice |
| SECTION 5 – AUTHORITY | | |
| I hereby authorise the Merchant to debit my Card Account with the amount and at the intervals specified above for goods/services as described. In the event of any change in the charges for these goods/services, I/we authorise to alter the amount from the appropriate date in accordance with such change from time to time. | | |
| 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. | | |
| Cardholder's Signature: | Date: / | |
| PLEASE NOTE: Form to be retained for your records. Do not forward to ADF. | | |
| Credit ADF A/C:: 727 S16 SOU | OFFICE USE ONLY School Refer | ence Code: |
| OFFICE USE ONLY: Date Received: | | |

