AQUINAS COLLEGE
PAYMENT ARRANGEMENT ADVICE 2025 - BPOINT

ARCHDIOCESAN DEVELOPMENT FUND

Edmund Rice Drive Ashmore Qld 4215
PO Box 34 Ashmore City Qld 4214
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AUTHORITY FOR RECURRENT PAYMENT BY CARD

Action *(Please tick)*: ☐ New request ☐ Alteration ☐ Cancellation

Student/s Name/s: Year Level/s:

Surname: Name:

Address: Postcode:

SECTION 1 – CARD DETAILS *(ALL DETAILS 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 GOODS/SERVICES *(FOR EXAMPLE, SCHOOL FEES)*

SECTION 3 – READY RECKONER

For assistance in calculating payment dates using the Ready Reckoner please refer to ADF website or follow the link https://adf.brisbanecatholic.org.au/ready-reckoner

SECTION 4 – PAYMENT DETAILS

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 Reference Code:

OFFICE USE ONLY: Date Received: ☐ Loaded ☐ Classification Altered ☐ Notes Entered ☐ Balance Check