

AQUINAS COLLEGE

PAYMENT ARRANGEMENT ADVICE 2026 - BPOINT



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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 its 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

