



MERCY COLLEGE
Cnr Beach Road & Mirrabooka Avenue
KOONDOOLA WA 6064

CREDIT CARD DEBIT AUTHORITY

**Request and Authority to debit the credit card account named to pay
Mercy College via National Australia Bank**

I authorise MERCY COLLEGE to debit my credit card account (as detailed below) to pay my child's school fee.

This authority remains in force until the final payment date becomes effective, or written instruction is provided to cancel the authority.

NAME OF CARDHOLDER _____

TYPE OF CREDIT CARD: MASTERCARD / VISA

CARD NUMBER ____ / ____ / ____ / ____

EXPIRY DATE ____ / ____

Maximum amount \$_____ The first debit may be made on ____ / ____ / ____ and at

weekly / fortnightly / monthly / quarterly / half yearly intervals thereafter, until the fees are

PAID IN FULL or ONGOING (please circle)

SIGNATURE _____ DATE _____

STUDENTS NAME _____

For School use only:

FAMILY CODE _____

DATE RECEIVED _____ DATE ACTIONED _____ STAFF (Actioned by) _____