



BPOINT – CREDIT CARD DEBIT AUTHORISATION

REQUEST / AUTHORITY TO DEBIT THE CREDIT CARD NAMED BELOW TO PAY ST JOHN PAUL II COLLEGE

Surname: _____
Given Names: _____
Student/s Name: _____
Card Number: _____
(MasterCard or Visa only)
Expiry Date: _____
Name on Card: _____
Amount to be debited at any one time is: _____ \$
Amount in Words: _____
Twice per Month (TPM)
or Monthly _____

Twice per Month Payments are debited on 1st and 15th day of each month

Monthly Payments are debited on the 1st day of each month

Please note that St John Paul II College will debit your credit card on the nominated date and frequency, however, it is your responsibility to ensure that sufficient funds are in your account to cover the debit.

AUTHORISATION

I request and authorise St John Paul II College to debit my credit card with the abovementioned amount:

Signature: _____ Date: _____

AUTHORISATION FOR SCHOOL INITIATED ADJUSTMENT

It is understood that existing payments may need to be adjusted by the school from year to year due to changes in school fees/levies.

I hereby authorise the school to make the necessary changes:

Signature: _____ Date: _____

The school will formally inform the parent/guardians in writing of any proposed change to the scheduled payment.

Office Use Only	Family Code:	
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