

## BPOINT ONLINE PAYMENT SERVICE – CREDIT CARD REGULAR PAYMENT REQUEST

Request and Authority to debit the credit card account named below to pay:

**MAZENOD COLLEGE, 55 GLADYS ROAD, LESMURDIE WA 6076** 

Please select the relevant request type: X Amendment New Name: Request and **Authority to debit** Address: **Credit Card Account** Request and authorise MAZENOD COLLEGE to debit my credit card account as detailed below to pay my child's school fees. This authority remains in force until such time that I provide written instruction to amend or cancel this authority. Insert details of Name of Cardholder: **Credit Card Account** Type of Credit Card: Mastercard Visa to be debited Card Number: Expiry Date: The first debit may be made on DD / MM / YYYYY and thereafter **Debit Frequency** at weekly, fortnighly or monthly intervals. The amount to be debited each time is **Debit Amount** (Amount in words) The debits are to continue: Until **Debit End Date** further notice **OR** until: DD / MM / YYYY **OPTIONAL:** Suspend debits after Final Payment and resume on: Insert your signature Signature: \_\_\_\_\_ Date: DD / MM / YYYY Child's Name: School Year: FOR SCHOOL USE ONLY: New Agreement / Amendment of Existing Authority Family Code: Date Received: DD / MM / YYYY Date Actioned: DD / MM / YYYYY Staff member (actioned by):