

<input type="checkbox"/>	NEW REQUEST
<input type="checkbox"/>	ALTERATION
<input type="checkbox"/>	CANCELLATION

**MATER DEI - ST JOHN'S WOOD THE GAP
OUTSIDE SCHOOL HOURS CARE**



(07) 3366 7138

**Standing Order Authority for
Recurrent Periodic Payment by Credit Card**

Date: ___ / ___ / 201__

Surname: Name(s):

Address: State: P/code:

Type of Card (circle): MasterCard Visa

Card Number:
(Please black out this section after loading)

Cardholders Name (as appears on card):

Expiry Date: /

Description of goods/services:
(E.g. Childcare fees etc.)

Amount per debit: \$ Frequency: Weekly Fortnightly Monthly

Date of first debit: Until End Date:

I hereby authorise the Merchant to debit my Card Account with the amount and at the intervals specified above for goods/services as described.

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.

Cardholders Signature: Date:

OSC Centre Use Only: Reference

Please note: Form to be retained by Centre for records. Do not forward to ADF