



Direct Debit Request – Credit Card

I/We request you Thornlie Christian College Inc [User ID 125132] to arrange for funds to be debited from my/our credit card account shown below according to the schedule specified below.

Name of Payer/s: 1. _____
First Name Surname

2. _____
First Name Surname

Address of Payer/s: _____
Street Number Street Name

_____ Suburb Postcode

Type of Card: Visa MasterCard

Name on Card: _____

Credit Card Number

Expiry Date _____
DD/MM

Commencing on _____, please debit \$ _____ from the
DD/MM/YYYY
 above account.

Weekly Fortnightly Monthly Other _____

This form will be held at Thornlie Christian College Inc and will not be accessible to any other party unless requested by your own financial institution.

Signature(s) of Payer/s

1. _____ 2. _____
 If debiting from a joint bank account, both signatures are required.

Date _____
DD/MM/YYYY