

FAMILY CODE: _____ [] Start of Each Semester



St Columba's College Ltd
 PO Box 89
 ESSENDON VIC 3040
 Tel: 03 9337 5311
 ABN: 42 058 164 882

LHD Dance

Credit Card

Debit Authority

Request and Authority to debit the account named below to pay St Columba's College Ltd

Request and Authority to debit	Surname _____ Student/s Surname _____ <i>(If different from Family Surname)</i> Company name _____ Given names or ACN/ABN _____ ("you") Request and authorise St Columba's College Ltd, (APCA ID 303437) to debit the amount on specified dates from the nominated Credit Card provided below, subject to the terms and conditions of the Direct Debit Request Service Agreement [and any further instructions provided below].
Insert details of account to be debited <i>Visa or Mastercard only</i>	Credit/Debit Card Account Name e.g. Visa _____ Card No _ _ _ _ _ - _ _ _ _ _ - _ _ _ _ _ - _ _ _ _ _ Expiry date ___/___ (month/Year)
Acknowledgment	By signing this Credit Card Direct Debit request you acknowledge having read and understood the terms and conditions governing the Credit card debit arrangements between you and St Columba's College Ltd as set out in this Request and in your Direct Debit Request Service Agreement. Existing Credit Card arrangements will remain in place unless otherwise advised.
Payment Details	<ul style="list-style-type: none"> • Debited for nominated dates <i>or until the fee debt has been paid.</i> 1st Semester: 18 February 2025 2nd Semester: 28 July 2025
Insert your Signature and Address	Name (In Full) _____ Signature _____ Address _____ _____ PC: _____ Phone Number _____ Date ___/___/___
<ul style="list-style-type: none"> • Return this form together with the LHD Registration Form • Please contact the College if you have any queries on the operation of the CREDIT CARD process used by the College Telephone No (03) 9337 5311 • The College activates the debits at the <u>nearest Bank trading day to start of each semester</u> 	