



# St Aidan's Anglican Girls' School

## Credit Card Authority

A Standing Order for Recurrent Periodic Payment

11 Ruthven Street Corinda Qld 4075  
P: +61 7 3373 5999 F: +61 7 3379 9432  
E: fees@ssa.qld.edu.au  
W: www.staidans.qld.edu.au  
CRICOS Provider Number 01194K  
ABN 71 079 817 981

By choosing this payment option, you are agreeing to have the relevant funds available in your account each term or year. Please note that all credit card payments will be subject to a surcharge of 1%.

PARENT NAME: \_\_\_\_\_

PARENT ADDRESS : \_\_\_\_\_

\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ Parent ACCOUNT Number (if known): \_\_\_\_\_

**PLEASE DEBIT MY/OUR CREDIT CARD ACCOUNT for AMOUNTS CHARGED to my/our statement of account -**

Please select

termly

annually

**PLEASE DEBIT AN ADDITIONAL AMOUNT AS MY VOLUNTARY DONATION TO THE FOUNDATION BUILDING FUND**

(Refer to Fee Schedule)

YES

NO

I/we wish to use my Credit Card to pay for the above goods/services supplied to me by St Aidan's Anglican Girls' School.

I/we hereby authorise St Aidan's Anglican Girls' School to debit my Card Account with the amount and at the intervals specified above and in the event of any change in the charges for these goods/services to alter the amount from the appropriate date in accordance with such change.

This authority shall stand, in respect of the above specified Card and in respect of any Card issued to me in renewal of replacement thereof, until I notify St Aidan's in writing of its cancellation.

CREDIT CARD TYPE:

VISA CARD

MASTERCARD

AMEX

CARDHOLDER'S NAME: \_\_\_\_\_

CREDIT CARD NUMBER:

EXPIRY DATE \_\_\_\_ / \_\_\_\_

CARDHOLDER'S SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

**PLEASE RETURN FORM TO:**

**Finance Department**

St Aidan's AGS

PO Box 46

CORINDA QLD 4075

Email: fees@ssa.qld.edu.au

Office Use Only

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