TO: KOROWAL SCHOOL
54 Hall Parade, Hazelbrook 2779

STANDING AUTHORITY FOR PERIODIC PAYMENT OF FEES BY CREDIT CARD

SURNAME:..... GIVEN NAME: .....

ADDRESS:.....

..... STATE: ..... POSTCODE: .....

CREDIT CARD - **MASTERCARD / BANKCARD / VISA (Please circle applicable card)**

NUMBER:..... EXPIRY DATE: .....

I wish to use my ..... card to pay for school fees for the following students:

Name of Student	Total Fees Payable	Amount Payable per month
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

Total to debit per month February-November inclusive: ..... (10 periods)

I hereby authorise Korowal School to debit my credit card with the amount specified above for ten (10) periods February-November inclusive, and to continue to debit my card in respect of future school fees.

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 Korowal School in writing of its cancellation.

Signature: ..... Date: .....

OFFICE USE ONLY

Payments Received

Date	Amount	Date	Amount	Date	Amount	Date	Amount