



Automated Card Payment Authority
- please fill out all details below



Family Name: _____ Account No: _____

Address: _____

Daytime contact number (work): _____ (mobile): _____

To enjoy the convenience of automatic payment of your school fees, simply complete the information below, sign and return this form to the school.

This will establish an automatic payment from your card account to pay your school fees and/or Building Fund.

You will be provided with notification of the amount due. The total amount will be automatically billed to your card.

You can cancel this authorisation at any time by contacting the school in writing. It will take up to 14 calendar days to process your request.

I hereby authorise Rosebank College to process a transaction to automatically debit my nominated credit card account below for the amount of \$_____ on a Monthly Fortnightly Weekly basis, starting on **Friday** the ___/___/___ (date) and ending once the school fees are paid in full or other (please specify): _____

I would like my payments to include the Rosebank College Building Fund

In accordance with the Automated Card Payment Authority and the attached Service Agreement-Other, **please debit my:**

  

Card No: _____ / _____ / _____ / _____ Expiry: ____ / ____

Cardholder's name: _____

1 The above school and their financial institution are authorised to exchange account information for the school to be able to verify the above details.

2 I acknowledge receiving and reading the Automated Card Payment Authority Service Agreement and agree to its terms.

Signature: _____ Date: ____ / ____ / ____

Please see separate Automated Card Payment Service Authority Service Agreement-Other



Automated Card Payment Authority Service Agreement



Your school's commitment to you

- 1 The information provided by you in the Automated Card Payment Authority (relating to your nominated financial institution) will not be provided to any other person without your consent, unless the School or the parties referred to below to whom the School discloses information, are required to do so by law.
- 2 By duly completing and returning the Automated Card Payment Authority, you consent to the School disclosing the information to your financial institution (for the purposes of paying school fees each year/term on an automated basis).
- 3 The School will continue to contact you to confirm each payment to be debited prior to any charges being made against your account.

Your commitment

In signing the Automated Card Payment Authority you agree:

- 1 To allow the School named in the Automated Card Payment Authority to draw your payment as indicated in the Automated Card Payment Authority from the account described in the Automated Card Payment Authority.
- 2 To ensure that the account you nominate will contain sufficient clear or available funds to allow the automated card payment to proceed.
- 3 To advise the School if the nominated account is transferred or closed, or the account details change.
- 4 To arrange a suitable alternative payment method if the Automated Card Payment Authority arrangements end for any reason.
- 5 To check your fee statement against items in your card account statement.

Your rights

You may cancel your Automated Card Payment Authority at any time by writing to your School.

The School will need at least 14 calendar days notice to:

- Alter any details on the Automated Card Payment Authority
- Cancel the debit arrangement completely

If you consider that an automated card payment transaction has been initiated incorrectly, you should contact your School.

CLIENT COPY