



SCOTCH OAKBURN COLLEGE

CREATING THE FUTURE

Authority for Direct Debit to Credit Card

I/we _____ (name)
of _____ (address)

request Scotch Oakburn College, until further notice in writing, to debit my bank account (as detailed below) with the notified balance on my account with the College on the due date.

Account Code: _____

(which appears on your school statement)

Signed: _____ Date: _____

Credit Card Details:

Visa

Mastercard

Card Holder's Name: _____

Card Holder Number: - - - - / - - - - / - - - - / - - - -

Expiry Date: - - / - -

Card Holder's Signature: _____

Important Note: Should you close your credit card account or your card expires, you must inform us and make new arrangements.