



Direct Debit Request Form

Please direct debit my credit/debit card for my outstanding fees.

Child(ren's) Name(s):	
Card Holder Name:	
Card Type:	
Card Number:	
Expiry Date:	
CCV: (3 digits on back of card)	
Payment Day: We direct debit on a Thursday	
Payment Cycle:	
Payment Start Date:	
Signature:	Date:
Additional Comments:	

*Please remember to print and sign this form. Completed forms may be scanned and emailed to office@newsteadccc.com.au.
Alternatively, please return the form to our front office on your next visit.*