



## Direct Debit Request Form

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

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

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