



ABC Pathways School

Internal Use

ABC Centre: _____

- 1st Time Application
- Card Renewal

Transfer Date: 25th _____

Tuition Month: _____

Staff: _____

Date: _____

Autopay Authorisation Form

- Each completed form is only applicable to a single student. Students from the same family need to submit one form each.
- If parent(s) submit this form on or before 15th of the month, the autopay will be processed on 25th of that month for the following month's tuition. E.g. If a parent submits this form on 15th September, the autopay will be processed on 25th September for October's tuition.

Please fill in this Form in English.

Part A – Student Information:

Student Name: (full name) _____

ABC Student Number: _____

Part B – Autopay Information:

Type of Card for Autopay: Credit Card (Type: Visa / MasterCard) Debit Card Prepaid Card
(Please ✓ where appropriate)

Name of the Cardholder: _____
(As it appears on the card)

Card Number: _____

Card Expiry Date: _____ (Valid for a period lasting at least 6 months)
(Month) (Year)

Maximum Autopay Amount: HK\$5,500 (per programme)

Relationship with Cardholder: Father Mother Others: _____

Contact No. of Cardholder: _____ (Home) _____ (Mobile)

Parent's Email: _____
(Receipt of Tuition, and ABC course details and information will be sent to this email provided)

I have already read and understood below Terms and Conditions:

- I hereby declare and confirm that the above information provided is authentic and accurate, and I now authorise ABC Pathways School to process the autopay from my above-stated Card account for the monthly tuition, (including any textbook fee).
- I understand and agree that the autopay date is the 25th of every month (if the 25th falls on a public holiday, the autopay will be arranged the day prior to the holiday).
- I understand and agree that if I have to change or cancel this authorisation, I need to provide one-month written notice to ABC Pathways School.
- I hereby to confirm that the signature on this form is completely identical to that of the cardholder (if applicable).
- If there are any changes to this form, I will sign all amendments made.
- ABC Pathways School guarantees that all your information provided here shall only be used for the purpose of the related autopay transaction.

Cardholder Signature: _____ Date of Application: _____