



## St Mary's College Direct Debit Request

**Request and Authority to debit the account named below to pay  
ST MARY'S COLLEGE**

**Request and Authority to debit**

Your Surname \_\_\_\_\_

Your Given names \_\_\_\_\_ "you"

(Your child(s) names \_\_\_\_\_)

request and authorise **ST MARY'S COLLEGE** to arrange, through its own financial institution, a debit to your nominated account any amount **ST MARY'S COLLEGE**, has deemed payable by you.

This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from your account held at the financial institution you have nominated below and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.

**Insert the name and address of financial institution (bank) at which account is held**

Financial institution/Bank name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

**Insert details of account to be debited**

Name/s on account \_\_\_\_\_

BSB number (Must be 6 Digits)      |\_|\_|\_|\_| - |\_|\_|\_|\_|

Account number      |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|

**Details of Direct Debit**

The amount to be debited is      \$|\_|\_|\_|\_|\_|\_| - |\_|\_|\_|\_|

The FIRST payment to be debited on    \_\_\_ / \_\_\_ / \_\_\_

and at the following intervals thereafter:

weekly;     fortnightly;     monthly;     once only

The FINAL payment to be debited on    \_\_\_ / \_\_\_ / \_\_\_

Or  *please tick* to continue deductions until further notice

**Acknowledgment**

By signing and/or providing us with a valid instruction in respect to your Direct Debit Request, you have understood and agreed to the terms and conditions governing the debit arrangements between you and **ST MARY'S COLLEGE** as set out in this Request and in your Direct Debit Request Service Agreement.

**Insert your signature and address**

Signature \_\_\_\_\_

Date      \_\_\_ / \_\_\_ / \_\_\_

OFFICE USE ONLY

**FAMILY CODE:**

**PROCESSED IN CDF:**