

St Bernadette's Catholic Primary School
Grand Ocean Boulevard
PORT KENNEDY
6172

Direct Debit Request

Request and Authority to debit the account named below to pay

St Bernadette's Catholic Primary School

Request and Authority to debit

Your Surname or company name _____

Your Given names or ABN/ARBN _____ "you"

request and authorise **St Bernadette's Catholic Primary School User ID 375171** to arrange, through its own financial institution, a debit to your nominated account any amount **St Bernadette's Catholic Primary School**, 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 at which account is held

Financial institution name _____

Address _____

Insert details of account to be debited

Name/s on account _____

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

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

Frequency of Debits

Agreed amount (). The first debit may be made on ___ / ___ / ___ and at once off / weekly / fortnightly / monthly / quarterly / half yearly, with the Final Payment Date (optional).

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 Bernadette's Catholic Primary School** as set out in this Request and in your Direct Debit Request Service Agreement.

Insert your signature and address

Signature _____

(If signing for a company, sign and print full name and capacity for signing eg. director)

Address _____

Date ___ / ___ / ___