

St Columba's School
32 Roberts Street
BAYSWATER
6053

Direct Debit Request

NEW/AMENDMENT
(Delete one)

Request and Authority to debit the account named below to pay
St Columba's School

Request and Authority to debit	Your Surname or company name _____ Your Given names or ABN/ARBN _____ "you" request and authorise St Columba's School User ID 375177 to arrange, through its own financial institution, a debit to your nominated account any amount St Columba's School , has deemed payable by <i>you</i> . This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from <i>your</i> 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	Maximum amount (). The first debit may be made on __/__/__ and at Weekly/fortnightly/monthly/quarterly/half yearly/ intervals thereafter, with the Final Payment Date (optional)
Acknowledgment	By signing and/or providing us with a valid instruction in respect to <i>your</i> Direct Debit Request, you have understood and agreed to the terms and conditions governing the debit arrangements between you and St Columba's 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 ___/___/___ Child's name _____
School use only	Family Code: _____ Date received: ___/___/___ Date actioned: ___/___/___ Staff Member (actioned by) : _____