

Direct Debit Request

I/We

Authorize you,

to arrange for funds to be debited from my/our account at the financial institution identified below via the Bulk Electronic Clearing System (BECS).

Details of the Account to be Debited are as follows:-

Name of Financial Institution

Account Name

BSB Number

Account Number

School Fees Account Number

I request that you debit my/our account in accordance with our Agreement until otherwise advised by ourselves or until our child/children exit the school .

Details of payment to be Debited are as follows:-

Payment Amount

Frequency of Debit

- Weekly** – payments deducted on **Friday**
- Fortnightly** – payments deducted on **Friday**
- Monthly** – payments deducted on the **15th of each month**
- Term** – payments deducted on the **15th \March, June, September, December**

Pls tick selected payment option

Date to Commence

To be signed by Authorised Signatories/Owners of the selected Bank Account

Name..... Name.....

Date / /