

Family Code



DIRECT DEBIT REGULAR PAYMENT REQUEST NEW / AMENDMENT

(Delete one)

**Request and Authority to debit the account named below to pay
Emmanuel Catholic College**

Request and authorise to debit	<p>Your Surname _____</p> <p>Your Given names _____ “you”</p> <p><small>Request and authorise Emmanuel Catholic College User ID 375117 to arrange, through its own financial institution, a debit to your nominated account any amount Emmanuel Catholic College, has deemed payable by <i>you</i>. This authority remains in force until such time that I provide written instruction to amend or cancel this authority and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.</small></p>
Insert the name and address of financial institution at which account is held	<p>Financial institution name _____</p> <p>Address</p> <p>_____</p> <p>_____</p>
Insert details of account to be debited	<p>Name/s on account _____</p> <p>BSB number (Must be 6 Digits) _ _ _ _ - _ _ _ _ </p> <p>Account number _ _ _ _ _ _ _ _ _ _ _ _ _ _ </p>
Amount and frequency of debits	<p>Maximum amount (\$). The first debit may be made on ___/___/___ and at weekly / fortnightly / monthly / quarterly intervals thereafter.</p>
End date	<p>The debits are to continue until further notice OR until ___/___/____.</p> <p style="text-align: center;">(leave blank to continue through Xmas break)</p>
Acknowledgment	<p><small>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 Emmanuel Catholic College as set out in this Request and in your Direct Debit Request Service Agreement.</small></p>
Insert your signature and address	<p>Child's Name _____</p> <p>Signature _____</p> <p>Address</p> <p>_____</p> <p>_____</p> <p>Date ___ / ___ / ___</p>