

St Jerome's Primary School
38 Troode Street
LAKE COOGEE WA 6166

Direct Debit Request

NEW/AMENDMENT (Circle one only)

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

Request and Authority to debit

Your Surname or company name _____

Your Given names or ABN/ARBN _____ "you"

request and authorise St Jerome's Primary School to arrange, through its own financial institution, a debit to your nominated account any amount **St Jerome's 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 |__|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Credit Card Number MasterCard Visa Expiry ____ / ____

|__|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Please notify the office when your card/account details change or expire.

Frequency of Debits

(NOTE: If no final payment date is supplied the direct debit will continue even once fees are paid).

Agreed amount \$ _____. The first debit may be made on ____/____/____ on a one off / weekly (weekly frequency not available on Credit Cards) / fortnightly / monthly / quarterly or half yearly frequency with the following **Final Payment Date of** ____/____/____ (or until further notice). **In the event that any balance remains after the Final Payment Date stated, I authorise the balance of my School Fee Account to be debited to my nominated account.**

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 Jerome's 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 ____ / ____ / ____

Office Use:

Customer Code: _____

Entered: CDF/NAB _____ & AOS _____