



St Patrick's Parish Primary School

Direct Debit Request

Request and Authority to debit the account named below to pay St Patrick's Parish Primary School, Port Fairy

Request and Authority to debit

Surname or company name: _____

Given names or ACN/ARBN: _____ ("you") request and authorise St Patrick's School – DE User ID No. 366162 to arrange, through its own financial institution, for any amount St Patrick's School may debit or charge you to be debited through the Bulk Electronic Clearing System from an account held at the financial institution identified below and paid to the Debit User, 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 of account BSB number: ____ - ____

Account number: _____

Credit Card Details

Mastercard **Visa**

Card Holder's Name: _____ **Expiry Date:** ____ / ____

Card Number: _____

Card Holder's Signature: _____ **Date:** _____

Acknowledgment

By signing this Direct Debit Request you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and St Patrick's School as set out in this Request and in your Direct Debit Request Service Agreement.

Payment Details

The first debit is to be made on ____ / ____ / ____
and at (please circle) fortnightly / monthly / quarterly intervals.
Amount: \$

*Please note that these arrangements are for 2020 only

Insert your signature and address

Signature: _____ **Date:** ____ / ____ / ____

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



St Patrick's Parish Primary School

Diocesan Family Fee Assistance Scheme Application form 2020