



Direct Debit Request

**Request and Authority to debit the account named below to pay
St Patricks School, Port Fairy**

Request and Authority to debit	<p>Surname or company name _____</p> <p>Given names or ACN/ARBN _____ (“you”)</p> <p>request and authorise <i>St Patricks School – DE User ID No. 366162</i> to arrange, through its own financial institution, for any amount <i>St Patricks School</i> 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.</p>
Insert the name and address of financial institution at which account is held	<p>Financial institution name _____</p> <p>Address _____</p> <p>_____</p>
Insert details of account to be debited	<p>Name of account _____</p> <p>BSB number _ _ _ _ - _ _ _ _ </p> <p>Account number _ _ _ _ _ _ _ _ _ _ _ _ _ _ </p>
Acknowledgment	<p>By signing this Direct Debit Request you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and <i>St Patricks School</i> as set out in this Request and in your Direct Debit Request Service Agreement.</p>
Payment Details	<p><input type="checkbox"/> The first debit may be made on ___ / ___ / ___ and at (<i>please circle</i>) fortnightly / monthly / quarterly intervals.</p> <p><input type="checkbox"/> Amount \$</p>
Insert your signature and address	<p>Signature _____</p> <p>(If signing for a company, sign and print full name and capacity for signing eg. director)</p> <p>Address _____</p> <p>_____</p> <p>Date ___ / ___ / ___</p>