

Direct Debit Request Form



ST ALOYSIUS
CATHOLIC COLLEGE

Contact: ☎ 62 29-0100 📠 62 29-3245 📧 sacc@catholic.tas.edu.au

Request and Authority to Debit

Surname or Company name

Given names or ACN/ARBN

Request and authorise the St Aloysius Catholic College (User ID 405918) to arrange for funds to be debited from your account at the financial institution as prescribed below through the Bulk Electronic Clearing System (BECS). This authorisation is to remain in force in accordance with the terms described in the Service Agreement (and any further instructions provided by you)

Financial institution which account is held

Financial institution

Address

Postcode

Account to be Debited

Account Name

BSB

Account Number

Optional

I/We request that you debit my/our account in accordance with our Agreement

New Application

or Alteration

OR

I/We request that you debit my/our account in accordance with our Agreement and subject to one or more of the following conditions:

1. Maximum amount to be debited

3. Final payment date

2. First payment date

4. Frequency of debit

Credit St Aloysius Catholic College **2510004 S10**

Reference Code

Authorisation by Signatories of Account to be Debited

By signing this Direct Debit Request you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and the St Aloysius Catholic College as set out in this Request and in your Direct Debit Request Service Agreement

Signature

Signature

Name

Date

Name

Date

Office Use Only

Received by:

Date:

Authority Number: