



Direct Debit Request – NEW/AMENDMENT (delete one)

Debit Card regular payment request

Please return the completed document to: St Joseph's School, PO Box 500, Northam WA 6401 or drop into Reception at either campus. Request and Authority to debit the account to pay: **St Joseph's School Northam**

STEP 1: YOUR REQUEST

Your Surname or company name

Your Given name or ABN/ARBN "you"

request and authorise **St Joseph's School User ID 375191** to arrange, through its own financial institution, a debit to your nominated account any amount **St Joseph's School**, has determined 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.

STEP 2: BANK DETAILS

Financial Institution name

Address

STEP 3: ACCOUNT DETAILS

Name/s on account

BSB number –
(must be 6 digits)

Account number

Please transfer set amount of \$

Frequency fortnightly monthly quarterly half yearly
(Please tick)

Debit commencement date / /

Debit end date – The debits are to continue until further notice **OR** until / /

STEP 4: SIGNATURE

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 Joseph's School** as set out in this request and in your Direct Debit Service Agreement.

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

Name

Address

Date