

St Joseph's School
 Rochester
 PO Box 230 Campaspe Street
 Phone: 54841797
 ABN 84 603 693 288

Direct Debit Request

**Request and Authority to debit the account named below to pay
 St Joseph's School Rochester**

Request and Authority to debit	<p>Surname or company name _____</p> <p>Given names or ACN/ARBN _____ (“you”)</p> <p>request and authorise St Joseph's School Rochester Debit User Identification Number to arrange, through its own financial institution, for any amount St Joseph's School Rochester 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>
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 St Joseph's School Rochester as set out in this Request and in your Direct Debit Request Service Agreement.</p>
Optional Section: [Payment Details]	<p><input type="checkbox"/> [The amount to be debited</p> <p>\$ _ _ _ _ _ - _ _ _ _ _____ (amount in words)</p> <p>or</p> <p><input type="checkbox"/> The first debit may be made on 24/02/2023 and at fortnightly intervals after that.</p>
Insert your signature and address	<p>Signature _____ (If signing for a company, sign and print full name and capacity for signing eg. director)</p> <p>Address _____ _____</p> <p>Date ___ / ___ / ___</p>