

## **Direct Debit / Credit Card Instalment Request**

Request and Authority to debit the bank account or credit card named below to pay St Mel's Primary School

| Child Name<br>(please name the eldest child | Surname: Given Names:  |
|---|--|
| at school)                                  | Account Code   |
|   | (Your Account Code is at the top right corner of your statement)   |
| Parent Name                                 | Surname: Given Names:  |
| Applicant/c                                 | Dectal Address   |
| Applicant/s<br>Requesting                   | Postal Address:  |
| Direct Debit or<br>Credit Card              | Postcode:  |
| Instalmant Plan                             | The above applicant/s request and authorise St Mel's Primary School, User ID 204387 to arrange, through  |
|   | own financial institution, a debit of the amount stated in the Direct Debit Information Sheet to your  |
|   | its nominated account. The debit or charge will be made through the Bulk Electronic Clearing System from<br>an account held at the financial institution identified below as described in the instalment schedule below  |
|   | and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.   |
|   | BANK / Financial Institution Name:   |
|   | Branch Address:  |
| Direct Debit from                           |  |
| Cheque or<br>Savings Account                | Details of Account to be Debited:<br>Account held in the name/s of:  |
|   |  |
|   | BSB: I |
|   | (Please check with your Financial Institution to ensure the account nominated will facilitate direct debiting. See attached Service Agreement Clause 6.)   |
|   | Weekly - Every Wednesday, commencing 23 / 02 / 2022 (for 40 payments)  |
|   | O Fortnightly - Every 2nd Friday, commencing 25 / 02 / 2022 OR 04 / 03 / 2022 (for 20 payments)  |
|   |  |
|   | Monthly - 24th of each month, commencing 24 / 02 / 2022 (for 10 payments)  |
|   | Visa 🗖 Mastercard 🗖  |
|   |  |
| Direct Debit from                           | Cardholder Name:   |
| Credit Card                                 | Card Number: IIIII II II II II I_  |
|   |  |
|   | Expiry Date:/ Signature:   |
|   | Weekly - Every Wednesday, commencing 23 / 02 / 2022 (for 40 payments)  |
|   | O Fortnightly - Every 2nd Friday, commencing 25 / 02 / 2022 OR 04 / 03 / 2022 (for 20 payments)  |
|   |  |
|   | Monthly - 24th of each month, commencing 24 / 02 / 2022 (for 10 payments)  |
| Acknowledgment                              | By signing and/or providing us with a valid instruction in respect to your Direct Debit Request you<br>have understoodand agreed to the terms and conditions governing the debit arrangements between                    |
| , lenno in e dgine in e                     | you and St Mel's Pimary School as set out in this request and in your Direct Debit Request Service   |
|   | Agreement.   |
| Signature                                   | Signature://   |
|   |  |
|   | Signature:// Date://   |