## Our Lady's Assumption School 43 Chester Avenue Dianella 6059

## **Direct Debit Request**

## NEW/AMENDMENT

(Delete one)

Request and Authority to debit the account named below to pay Our Lady's Assumption School	
Request and Authority to debit	Your Surname or company name
	Your Given names or ABN/ARBN"you"
	request and authorise <b>Our Lady's Assumption School</b> to arrange, through its own financial institution, a debit to your nominated account any amount Our Lady's Assumption School has deemed payable by <i>you</i> .
	This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from <i>your</i> 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.
Insert the name and address of financial institution at which account is held	Financial institution name Address
Insert details of account to be debited	Name/s on account
	BSB number (Must be 6 Digits)     -    -
	Account number   _ _ _ _ _ _ _ _
Frequency of Debits	Maximum amount ( ). The first debit may be made on// and at Weekly/fortnightly/monthly/quarterly/half yearly/ intervals thereafter, with the Final Payment Date (optional)
Acknowledgment	By <b>signing</b> and/or providing us with a <b>valid</b> 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 <b>Our Lady's Assumption School</b> as set out in this Request and in your Direct Debit Request Service Agreement.
Insert your signature and address	Signature (If signing for a company, sign and print full name and capacity for signing eg. director) Address
	Date/ / Child's name
School use only	Family Code:
	Date received://
	Date actioned://
	Staff Member (actioned by) :