

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	Surname: Given Names:	
at school)	Debtor Code	
Parent Name	Surname: Given Names:	
Applicant/s Requesting Direct Debit or	Postal Address:	
Credit Card Instalmant Plan	t Card	
	BANK / Financial Institution Name:	
Direct Debit from Cheque or	Branch Address:	
Savings Account	Account held in the name/s of:BSB: IIIIIIAccount Number: IIIIIIIIIIIII	
or Credit Card	Visa 🔲 Mastercard 🗌	
	Cardholder Name: Card Number: IIIIIIIIIIIII	
	O Other of each commencing/ / 2023 until	//
Acknowledgment	By signing and/or providing us with a valid instruction in respect to your Direct Debit Request you have understoodand agreed to the terms and conditions governing the debit arrangements between you and St Mel's Pimary School as set out in this request and in your Direct Debit Request Service Agreement.	
Signature	Signature: Date:	//
	Signature: Date:	//