

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: | // |