

St Augustine Primary School
 34 Gladstone Road
 Rivervale
 6103

Direct Debit Request

2017

Request and Authority to debit the account named below to pay
St Augustine Primary School

Request and Authority
to debit

Your Surname or company name _____

Your Given names or ABN/ARBN _____ "you"

request and authorise **St Augustine Primary School** to arrange, through its own financial institution, a debit to your nominated account any amount **St Augustine Primary School**, has deemed payable by *you*. This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from *your* 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

No. of Payments	Date/s	Details	Amount
1	February -17	<i>Total Fees Payment</i>	\$.....
4	Feb 17/May19/Aug11/Nov 17	<i>Three Instalments</i>	\$.....
10	Feb to Nov	<i>10 Monthly Payments</i>	\$.....

(Monthly debits occur on the 17th of every month)

20	Feb to Nov	20 Fortnightly Payments	\$.....
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(Debits occur every 2nd Friday commencing 17/02/17 and concluding 10/11/17)

		TOTAL ANNUAL FEES	\$.....
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Acknowledgment

By *signing* and/or providing us with a **valid 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 **St Augustine Primary School** 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)

Eldest Child _____ Class _____

Date ___ / ___ / ___

FAMILY KEY: