

Direct Debit Request

Family Number (for Office Use) Student Name.....

Request and authority to debit the account named below to pay Mother Teresa Catholic Primary School

Name/s of student/s and DOB:

Request and Authority	
to debit	Your Surname or company name
	Your Given names or ABN/ARBN
	request and authorise Mother Teresa Catholic Primary School to arrange, through its own
	financial institution, a debit to your nominated account any amount Mother Teresa Catholic
	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
11	terms and conditions of the Direct Debit Request Service Agreement.
Insert the name and	Financial institution name and address:
address of financial institution at which	
account is held	
account is field	
Insert details of	Account to be debited
account to be debited	
	Name/s on account
	BSB number (Must be 6 Digits)
	_ _ -
	Account number
Payment details	
	Payment Frequency(please tick) Weekly Fortnightly Monthly
	Number of Instalments: Payment Start Date:
	Number of Instalments: Payment Start Date: Amount per instalment: Payment End Date:
Acknowledgment	Amount per instalment: Payment End Date: By signing and/or providing us with a valid instruction in respect to your Direct Debit Request,
Acknowledgment	Amount per instalment: Payment End Date: 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
Acknowledgment	Amount per instalment: Payment End Date: 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 Mother Teresa Catholic Primary School as set out in this Request and in your
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