

St Brigid's Primary School
20 Toodyay Road
MIDDLE SWAN
6056

Direct Debit Request

NEW/AMENDMENT

((delete one))

Request and Authority to debit the account named below to pay
St Brigid's Primary School

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| Request and Authority to debit | Your Surname or company name _____ Your Given names or ABN/ARBN _____ "you" request and authorise St Brigid's Primary School User ID 375173 to arrange, through its own financial institution, a debit to your nominated account any amount St Brigid's Primary 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 | Agreed amount (). The first debit may be made on ___/___/___ and at Once off/weekly/fortnightly/monthly/quarterly/half yearly, with the Final Payment Date (optional) |
| Acknowledgment | By <i>signing and/or</i> providing us with a <i>valid instruction</i> in respect to <i>your</i> Direct Debit Request, you have understood and agreed to the terms and conditions governing the debit arrangements between you and St Brigid's 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) Address _____ _____ Date ___/___/___ |

FAMILY CODE.....