



# Direct Debit Request (DDR)

**PLEASE NOTE:** This form must be sent back with the Enrolment Contract

STUDENT NAME: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

## Please select preferred payment method

I will pay my school fees upfront (a statement will be sent in February)

I would like to speak with someone regarding the school fees (our Finance Office will contact you)

### DIRECT DEBIT PAYMENT

I/we request and authorise to arrange Red Bend Catholic College (**APCA User ID No. 404717 - ABN 70 721 984 562**) to direct debit school fees from my account on a **WEEKLY | FORTNIGHTLY | MONTHLY** (please circle one) basis from the account specified below. **Please commence payments from \_\_/\_\_/2022**

This authority allows the debiting of amounts payable by the Customer under the Agreement between the Customer and Red Bend Catholic College. I/We request you arrange for funds to be debited from my/our account at the financial institution identified below as prescribed through the Bulk Electronic Clearing System or to debit my/our account by other means. This authorisation is to remain in force in accordance with the terms described in the Service Agreement attached. I/We also authorise Red Bend Catholic College to alter the instalment amount debited as a result of annual fee increases or additional charges from the date these movements occur to ensure the fee account is paid in full by 30th November each year in accordance with the College's fee collection policy.

NOTE: Direct debiting is not available on the full range of accounts. If in doubt, please refer to your bank/financial institution.

Name of Financial Institution

Branch name

Account name (please insert your name(s) in full)

BSB Number

Account Number

ABN/ARBN (if applicable)

### CREDIT CARD PAYMENT

I authorise credit card payments (please circle) **WEEKLY | FORTNIGHTLY | MONTHLY**

CARD TYPE (please circle) VISA | MASTERCARD

Card Number \_\_\_\_\_

Expiry date \_\_\_\_/\_\_\_\_

**Please commence payments from \_\_/\_\_/2022**

I/We also authorise the following:

- The Debit User (Red Bend Catholic College) to verify (if need be) the details of the abovementioned account with my/our Financial Institution.
- The financial institution to release information allowing the Debit User to verify account details above.
- By signing and/or providing us with a valid instruction in respect to your Direct Debit Request, you have confirmed that:
  - you are authorised to operate on the nominated account; and
  - you have understood and agreed to the terms and conditions set out in this Request and in your Direct Debit Request Service Agreement.
- Signed in accordance with the account authority on your account:

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_