



**Salvado**  
Catholic College  
PEACE. JUSTICE. COMPASSION

Locked Bag 1001, Byford WA 6122 T: 08 9526 4500

## Direct Debit Request

### Request and Authority to debit the account named below to pay Salvado Catholic College

<p><b>Request and Authority to debit</b></p>	<p>Your Surname or company name _____</p> <p>Your Given names or ABN/ARBN _____ "you"</p> <p>request and authorise <b>Salvado Catholic College &amp; Debit User ID:492626</b>, to arrange, through its own financial institution, a debit to your nominated account any amount <b>Salvado Catholic College</b>, has deemed payable by <i>you</i>.</p> <p>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.</p>
<p><b>Insert the name and address of financial institution at which account is held</b></p>	<p><b>Financial institution name</b> _____</p> <p><b>Address</b> _____</p>
<p><b>Insert details of account to be debited</b></p>	<p><b>Name/s on account</b> _____</p> <p><b>BSB number (Must be 6 Digits)</b>  __ _ _ _ _  -  __ _ _ _ _ </p> <p><b>Account number</b>  __ _ _ _ _ _ _ _ _ _ _ _ _ _ _ </p>
<p><b>Insert fee amount and frequency of payments</b></p>	<p>Total Fee Amount (from Statement of Account) \$ _____</p> <p>Please select one: <input type="checkbox"/> 4 quarterly payments  <input type="checkbox"/> 10 monthly payments  <input type="checkbox"/> 20 fortnightly payments</p> <p>All payment plans to begin on 1<sup>st</sup> March unless otherwise agreed with the Principal</p> <hr/> <p style="text-align: center;"><b>Office Use Only</b></p> <p>Direct Debit Amount: \$ _____ Start Date: _____ End Date: _____</p>
<p><b>Acknowledgment</b></p>	<p>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 <b>Salvado Catholic College</b> as set out in this Request and in your Direct Debit Request Service Agreement.</p>
<p><b>Insert your signature and address</b></p>	<p><b>Signature</b> _____  <small>(If signing for a company, sign and print full name and capacity for signing eg. director)</small></p> <p><b>Address</b> _____</p> <p><b>Date</b> ____ / ____ / ____</p>
<p><b>Second account signatory (if required)</b></p>	<p><b>Signature</b> _____  <small>(If signing for a company, sign and print full name and capacity for signing eg. director)</small></p> <p><b>Address</b> _____</p> <p><b>Date</b> ____ / ____ / ____</p>