

Orana Catholic Primary School
Querrin Avenue
WILLETTON
6155

Direct Debit Request

NEW/AMENDMENT
(delete one)

Request and Authority to debit the account named below to pay
Orana Catholic Primary School

Request and Authority
to debit

Your Surname or company name _____

Your Given names or ABN/ARBN _____ "you"

request and authorise **Orana Catholic Primary School User ID 375146** to arrange, through its own financial institution, a debit to your nominated account any amount **Orana 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 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

Maximum amount (). The first debit may be made on ___/___/___ and at Weekly/fortnightly/monthly/quarterly/half yearly/ intervals thereafter, with the Final Payment Date (optional)

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 **Orana Catholic 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.....