



SANTA MARIA COLLEGE

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Direct Debit Request

Request and Authority to debit the account named below to pay Santa Maria College

Request and Authority to debit

Surname(s) or company name _____

Company name _____

Given names or ACN/ARBN _____ ("you")

Request and authorise Santa Maria College, (225105) to arrange for any amount Santa Maria College may debit or charge you to be debited through the Bulk Electronic Clearing System from an account held at the financial institution identified below subject to the terms and conditions of the Direct Debit Request Service Agreement [and any further instructions provided below].

Name and address of financial institution at which account is held

Financial institution name _____

Address _____

Details of account to be debited

Name of account _____

BSB number |_|_|_|_| - |_|_|_|_|_|

Account number |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Acknowledgment

By signing this Direct Debit Request you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and Santa Maria College as set out in this Request and in your Direct Debit Request Service Agreement. Existing Direct Debit arrangements will remain in place unless otherwise advised.

Payment Details

Debited for nominated intervals from February – November or until the fee debt has been paid.

Monthly (10) Commencing 24 of the month from February to November

Quarterly 24 February, 24 April, 24 July and 24 October

Payment in Full Last business day of February

Insert your signature and address

Signature _____

(If signing for a company, sign and print full name and capacity for signing eg. director)

Address _____

Date ____/____/____