



Peter Moyes Anglican Community School

P O Box 240, Quinns Rocks WA 6030

Accounts: 9304 5500 Fax 9304 5599

Email: accounts@petermoyes.wa.edu.au

DIRECT DEBIT PAYMENT REQUEST FORM

THIS FORM TO BE COMPLETED AND RETURNED AS SOON AS POSSIBLE

I/We request **Peter Moyes Anglican Community School** to arrange for funds to be debited from my/our nominated account for the payment of School Fees and other charges according to the schedule specified below.

Parent Name

Address

Postcode

Signature

(If debiting from a joint bank account, both signatures are required)

Date - -

Name of Bank

Account to be debited

BSB No. - -

Account No.

Student Name/s _____ Year Group _____
_____ Year Group _____
_____ Year Group _____
_____ Year Group _____

Option 1 **Termly Payment.** For this Option, a deduction will be processed **EACH** Term, as per the Statement amount, on the due date of Statement. (4 Payments Per Year)

Option 2 **Monthly Payments.** For this Option, deductions will be processed as per the Statement amount. The following will apply (Term Statement amount divided by Number of Instalments)

- Term 1:** 3 Equal Instalments on 8 February, 8 March and 8 April
 - Term 2:** 3 Equal instalments on 8 May, 8 June and 8 July
 - Term 3:** 3 Equal instalments on 8 August, 8 September and 8 October
 - Term 4:** 2 Equal instalments on 8 November and 8 December
- *** or next working day if the 8th falls on a weekend***

Please Note:- The School wishes to advise that if Direct Debits are returned as unpaid, the Payment Arrangement will be cancelled and a Late Fee applied.

Office Use Only:- Entered on Maze <input type="text"/>	Family Key <input type="text"/>
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