St Augustine Primary School 34 Gladstone Road Rivervale 6103

## **Direct Debit Request**2019

## Request and Authority to debit the account named below to pay St Augustine Primary School

Request and Authority	Your Surname or company name				
to debit	Your Given names or ABN/ARBN				"you"
	request and authorise <b>St Augustine Primary School</b> to arrange, through its own financial institution, a debit to your nominated account any amount <b>St Augustine Primary School</b> , has deemed payable by <i>you</i> . 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.				
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	No. of Payments 1 4 10	Date/s February -22 Feb 22/May22/Aug22/Nov22 Feb to Nov		Details  Total Fees Payment  Four Instalments 10 Monthly Payments	\$ \$ \$
	(Monthly debits occur on the 22nd of every month)				
	20	Feb to Nov	20 Fortnightly Payments \$		
		(Debits occur every 2nd	ry 2nd Friday commencing 16/02/18 and conclud		29/11/19)
			TOTAL ANNUAL FEES \$		\$
Acknowledgment	By <i>signing and</i> /or providing us with a <i>valid instruction</i> in respect to <i>your</i> Direct Debit Request, you have understood and agreed to the terms and conditions governing the debit arrangements between you and <b>St Augustine Primary School</b> 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)  Eldest Child Class  Date//				
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