Direct Debit Request

Account No:

Family Name: _____

Address: _____

Student/s Name: _____

PAYMENT FREQUENCY: **Annually** **Quarterly** **Monthly** **Fortnightly** **Weekly**
(Please Circle one)

Please Note: *All accounts are to be finalised by no later than 28th November unless prior and mutually acceptable payment arrangements have been made with the School Accountant or Business Manager. This arrangement is for the current school year.*

Authorisation to direct debit bank account / credit card

I/We _____
authorise Casey Grammar School to:

1. Verify the details of my/our account as listed below with my/our financial institution
2. Arrange through its own financial institution, a debit to your nominated account, which will not exceed the amount Casey Grammar School, has deemed payable by you.
3. 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.
4. Debit my School Fees account with a $10 Administration Fee if my payment is dishonored by my bank

Option 1 ☐ **SAVINGS ACCOUNT**

Details of the Account to be debited

Account Name: _____

BSB No: | | | | ----- | | | | Account No. | | | | | | | | | |

Option 2 ☐ **DEBIT / CREDIT CARD**

Card No: | | | | | | | | | | | | | | | |

Expiry: ____ / ____ CVV: ____ ____ ____

Authorising Signatures on Account

By signing this Direct Debit Request you acknowledge having read and understood the terms and conditions governing the debit arrangement between you and Casey Grammar School as set out in this Request and your Direct Debit Client Service Agreement.

_____ _____

Date: _____ / _____ / _____ **(Joint accounts require both signatures)** **Date:** _____ / _____ / _____