DIRECT DEBIT REQUEST

Request and Authority to debit the account named below to pay:

MAZENOD COLLEGE, 55 GLADYS ROAD, LESMURDIE WA 6076

Please select the relevant request type: ☒ **Amendment** ☒ **New**

Request and Authority to debit	**Your surname or company name** _____ **Your Given names or ABN/ARBN** _____ "you" request and authorise **Mazenod College User ID 375141** to arrange, through its own financial institution, a debit to your nominated account any amount **Mazenod College**, 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. **Return completed form to:** schoolfees@mazenod.wa.edu.au
Insert the name and address of financial institution at which account is held	**Financial Institution Name:** _____ **Address:** _____ _____
Insert details of account to be debited, Eg, J & M Smith	**Name(s) on Account:** _____ **BSB number (Must be 6 Digits):** ☐☐☐ - ☐☐☐ **Account number:** ☐☐☐☐☐☐☐☐☐ **NOTE:** NO CREDIT CARDS OR ACCESS CARDS. If the number doesn't fit in the spaces provided, it is incorrect.
Frequency of debits	**The amount to be debited each time is** $☐☐☐☐ - ☐☐ The **first debit** may be made on DD / MM / YYYY and thereafter at ☒ weekly, ☒ fortnightly, ☒ monthly or ☒ quarterly intervals. The debits are to continue: Until further notice **OR** until: DD / MM / YYYY **OPTIONAL:** Suspend debits after Final Payment and resume on: DD / MM / YYYY
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 Mazenod College as set out in this Request and in your Direct Debit Request Service Agreement.
Insert your signature and address	**Signature:** _____ **Date:** DD / MM / YYYY **(If signing for a company, sign and print full name and capacity for signing eg. director)** _____ **Address:** _____ _____

Family Code:_____ Student Name:_____ School Year:_____