| **Mazenod College**<br>**55 Gladys Road**<br>**LESMURDIE**<br>**6076** | # Direct Debit Request<br>**NEW/AMENDMENT**<br>**(Delete one)** |
|---|---|

**Request and Authority to debit the account named below to pay**
# Mazenod College

| **Request and Authority to debit** | **Your Surname or company name**_____<br><br>**Your Given names or ABN/ARBN** _____*"you"*<br><br>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*.<br><br>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. |
|---|---|
| **Insert the name and address of financial institution at which account is held** | **Financial institution name**    _____<br><br>**Address**<br>   _____<br><br>   _____ |
| **Insert details of account to be debited**<br><br>Eg, J & M Smith<br><br>**NO CREDIT CARDS OR ACCESS CARDS**<br><br>(if the number doesn't fit in the spaces provided, it is incorrect) | **Name/s on account**    _____<br><br>**BSB number** (Must be 6 Digits)        \|___\|___\|___\| - \|___\|___\|___\|<br><br><br>**Account number**        \|___\|___\|___\|___\|___\|___\|___\|___\|___\| |
| **Frequency of Debits** | Maximum amount (        ). The first debit may be made on ___/___/___ and at Weekly/Fortnightly/Monthly/Quarterly/Half yearly**/** intervals thereafter, with the Final Payment Date (optional)  ___/___/___  (to keep ONGOING, leave blank).<br><br>**OPTIONAL**: Suspend debits after Final Payment and resume on ___/___/___ |
| **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**_____<br>       (If signing for a company, sign and print full name and capacity for signing eg. director)<br><br>**Address**_____<br><br>   _____<br><br>**Date**       ___ / ___ / ___                          **2018** |

**FAMILY CODE………………..   STUDENT NAME…………………………..   YEAR……**