Direct Debit Authority

LAVALLA
CATHOLIC COLLEGE

REQUEST FORM

I/We_____ _____
(Surname or Company/Business Name) (Given Names or ANC / ARBN)

Of:_____ Postcode: _____
(Address)

Request that you, until further notice in writing, debit my/our account any amounts which Lavalla Catholic College User ID Number 025380 may debit or charge me/us through the Direct Debit system.

I/We understand and acknowledge that:

1. The financial institution may, in its absolute discretion, determine the order of priority of payment by it or any monies pursuant to the Request or any authority to mandate.
2. The Financial Institution may, in its absolute discretion, at any time by notice in writing to me/us, terminate this request as to future debits.
3. The direct debit arrangement will remain in place until such time as a new payment plan has been entered into or the student/s have exited the College & fees are paid in full. You will be notified of your direct debit amount prior to the beginning of each school year.
4. The user may, by prior arrangement and advice to us, vary the amount or frequency of future debits.

Signature/s :

Please choose one of the below Payment Plan options:

○ In Full ○ Weekly ○ Fortnightly Monthly: ○ Start of Month ○ Mid Month ○ End of Month

BANK DETAILS	
Bank Name:	
Bank Address:	
Account Name:	
Account Details:	BSB: ☐☐☐-☐☐☐ Account No: ☐☐☐☐☐☐☐☐☐☐☐☐