

DIRECT DEBIT

REQUEST FORM

LAVALLA
CATHOLIC COLLEGE



BANK DETAILS	
Bank Name:	
Bank Address:	
Account Name:	
Account Details:	BSB: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> Account No: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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 user may, by prior arrangement and advice to us, vary the amount or frequency of future debits.

Signature/s: _____
(Both signatories to sign if joint account)

Note: Direct Debiting is not available on the full range of accounts. If in doubt, please refer to your Financial Institution.