

Direct Debit / Credit Card Authority

REQUEST FORM

LAVALLA
CATHOLIC COLLEGE



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: _____
(Both signatories to sign if joint account)

BANK DETAILS

Bank Name: _____

Bank Address: _____

Account Name: _____

Account Details: BSB: -
Account No:

CREDIT CARD DETAILS – Please note this option is only available on a monthly plan

To be Processed : Mid Month End of Month

Card Type: VISA MASTERCARD

Credit Card Number:

Expiry Date: / CCV Number:

Cardholders name: _____

Signature: _____ Date: / /