



Office use only

STUDENT NAME



DIRECT DEBIT REQUEST FORM

<p>Customers' Authority</p> <p>Start Date:</p> <p>-----</p> <p>Payment Weekly F/Night Monthly</p> <p>Amount to pay \$</p> <p>* Should Direct debits be declined due to insufficient funds, the transaction fee will be applied to the customer</p>	<p>I/We</p> <p>_____</p> <p>Name of customer(s) giving the DDR</p> <p>Authorise you</p> <p>Swan View Senior High School</p> <p>To arrange funds to be debited from my/our account at the financial institution identified below through the Bulk Electronic Clearing System (BECS).</p> <p>This Authorisation is to remain in force with the terms described in the Direct Debit Request Customer Service Agreement</p> <table border="1"> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>Signature</td> <td>Date</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>Signature</td> <td>Date</td> </tr> </table>	_____	_____	Signature	Date	_____	_____	Signature	Date
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Signature	Date								
<p>Details of the account to be debited</p> <p>(All details must be supplied)</p> <p>End Date:</p> <p>-----</p>	<p>Name of Financial Institution</p> <p>_____</p> <p>Account Name</p> <p>_____</p> <p>____ - ____</p> <p>bsb</p> <p>____</p> <p>Account Number</p> <p>I/We request that you debit my/our account in accordance with the Direct Debit Customer Service Agreement.</p>								
<p>Authority to verify and release information</p>	<p>I/We authorise the following:</p> <ol style="list-style-type: none"> 1. The Debit User to verify the details of the above mentioned account with my/our Financial Institution. 2. The Financial Institution to release information allowing the Debit User to verify the above-mentioned account details <p>Signed by the customers</p> <p>_____</p> <p>_____</p>								