



St Francis of Assisi Catholic
Primary School

PO Box 350
QUINNS ROCKS WA 6030

Direct Debit Request

NEW/AMENDMENT
2022

Request and Authority to debit the account named below to pay
ST FRANCIS OF ASSISI Catholic Primary School

**Request and Authority
to debit**

Your Surname or company name _____

Your Given names or ABN/ARBN _____ "you"

request and authorise **St Francis Of Assisi Catholic Primary School**

User ID 375106 to arrange, through its own financial institution, a debit to your nominated account any amount **St Francis Of Assisi CPS**, has deemed payable by you.

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 _____

Address _____

**Insert details of
account to be debited**

Name/s on account _____

BSB number (Must be 6 Digits) |_|_|_|_| - |_|_|_|_|

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)

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 **St Francis of Assisi Catholic Primary School** as set out in this Request and in your Direct Debit Request Service Agreement.

**Insert your signature
and address**

Signature _____

(If signing for a company, sign and print full name and capacity for signing eg. director)

Address _____

Date ___ / ___ / ___

FAMILY CODE.....