



DIRECT DEBIT REQUEST

St Mary MacKillop College

St Mary MacKillop College
PO Box 5370
West Busselton WA 6280
Ph No: 08 9752 7400
www.mackillop.wa.edu.au

Request to Debit Account

Your Details

Given Name(s)	Surname
<input type="text"/>	<input type="text"/>
Work phone number	Home phone number
() <input type="text"/>	() <input type="text"/>
Address	
<input type="text"/>	
<input type="text"/>	
(Postcode)	

Payment Details

Amount \$

Frequency
(monthly, fortnightly, weekly)

First Payment Date

Final Payment Date

Reference

Request and Authority to Debit

St Mary MacKillop College ID Number 488214 may debit and/or charge any amount through the Bulk Electronic Clearing System (BECS), from the account nominated on this form. Each debit or charge will be subject to the terms and conditions of the Direct Debit Request Service Agreement.

Details of Financial Institution

Name and address of financial institution

(Postcode)

Details of Account to be Debited

Name of account

BSB number Account number

Signature(s)

Before signing this section, please read the Service Agreement on the reverse. Your signature below will indicate you accept the terms of the Service Agreement and confirm that the details on this form have been checked and are correct.

If a joint account, please ensure this form is signed in accordance with the authority to operate the account.

If the account is held by a company please have one director and the company secretary each sign.

If you are signing for and on behalf of another person or entity, please state the capacity in which you sign, in the signature box below.

Signature 1	Date
<input type="text"/>	<input type="text"/>
Signature 2	Date
<input type="text"/>	<input type="text"/>

OFFICE USE ONLY

Processed by: _____

Processed Date:

Date copy given to Applicant:

Method: _____