



**ST JOHN'S ANGLICAN COLLEGE – 2019 DIRECT DEBIT REQUEST (DDR)**

**PART A –YOUR DETAILS** (Please complete Parts A, B and C and return along with completed Calculation Worksheet)

Fee Account Number \_\_\_\_\_ (Office Use Only)

Parent Name/s: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

**PART B – SCHEDULE**

(Please refer to the Direct Debit Payment Schedule for the next scheduled processing date)

Date of First Payment: \_\_\_\_/\_\_\_\_/\_\_\_\_

Frequency of Payment:  Fortnightly  Monthly

Payment Amount: \$ \_\_\_\_\_

Number of Payments: \_\_\_\_\_ **OR**

As per Fee Account Statement  Quarterly On the First Day of Each Term  Annually On 30 January 2018  
Including 3% annual discount

**PART C – BANK ACCOUNT OR CREDIT CARD AUTHORIZATION**

I / We request and authorise St John's Anglican College (User ID 314011) to arrange, through its own financial institution, a debit to my/our nominated account according to the schedule specified below. This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from our account held at the financial institution nominated below and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.

Bank and Branch: \_\_\_\_\_

Account Name: \_\_\_\_\_

BSB No. \_\_\_\_\_

Account Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OR

I request St John's Anglican College to arrange for funds to be debited from my nominated credit card according to the schedule specified above and attached Direct Debit Service Agreement. (Visa or Mastercard Only)

Credit Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Cardholder Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By signing and / or providing the College with a valid instruction in respect of your Direct Debit Request, you have understood and agreed to the terms and conditions governing the debit arrangements between you and St John's Anglican College, as set out in this Request and in the Direct Debit Request Service Agreement. A fee of \$50.00 will be charged to your school fee per any payment rejected by your financial institution. Any rejected payment, including the \$50.00 administration charge, must be paid in full within 7 days of the missed payment.