



MERCY COLLEGE
cnr Beach Road &
Mirrabooka Ave
KOONDOOLA WA 6064

Direct Debit Request

NEW/AMENDMENT

Request and Authority to debit the account named below to pay

MERCY COLLEGE

Request and Authority to debit

Your Surname _____

Your Given names _____ "you"

Request and authorise **MERCY COLLEGE** (User ID 375143) to arrange, through its own financial institution, a debit to your nominated account any amount **MERCY COLLEGE**, 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 details of account to be debited

Name on Bank account _____

Bank _____

Branch _____

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 **MERCY COLLEGE** 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 _____