Sacred Heart Primary School 40 Mary Street HIGHGATE 6003	**Direct Debit Request** NEW/AMENDMENT (Delete one)

Request and Authority to debit the account named below to pay

Sacred Heart Primary School

Request and Authority to debit	**Your Surname or company name** _____ **Your Given names or ABN/ARBN** _____ *"you"* request and authorise **Sacred Heart Primary School User ID 375160** to arrange, through its own financial institution, a debit to your nominated account any amount **Sacred Heart Primary School,** 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	Agreed amount ( ). The first debit may be made on ___/____/___ and at One off/weekly/fortnightly/monthly/quarterly/half yearly, 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 **Sacred Heart 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: