

Mary MacKillop Catholic Community
 Primary School
 GPO Box 2185
 MALAGA WA 6944
 PH: 9241 7500 Fax: 9249 9315
 Email: admin@mmccps.wa.edu.au
 Website: www.mmccps.wa.edu.au



Direct Debit Request

NEW / AMENDMENT
 (delete one of the above)

Request and Authority to debit the account named below to pay

Mary MacKillop Catholic Community Primary School BALLAJURA WA

<p>Request and Authority to debit</p>	<p>Your Surname (or company name) _____</p> <p>Your Given names (or ABN/ARBN) _____ “you”</p> <p>request and authorise Mary MacKillop CCPS Ballajura arrange, through its own financial institution, a debit to your nominated account any amount</p> <p>Mary MacKillop CCP School Ballajura has deemed payable by <i>you</i>.</p> <p>This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from <i>your</i> 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.</p>
<p>Insert the name and address of financial institution at which account is held</p>	<p>Financial institution name _____</p> <p>Address _____</p> <p>_____</p>
<p>Insert details of account to be debited</p>	<p>Name/s on account _____</p> <p>BSB number (Must be 6 Digits) _ _ _ _ _ - _ _ _ _ _ </p> <p>Account number _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ </p>
<p>Frequency of Debits</p>	<p>Agreed amount (_____). The first debit may be made on ___/___/___ (please select the 7th, 14th, 21st or 28th of the month and circle option fortnightly/monthly/quarterly/half yearly, with the Final Payment Date _____</p> <p>OPTIONAL - You may leave Final Date blank with payments to continue into the following school year. Fee adjustment will be made & communicated to you.</p>
<p>Acknowledgment</p>	<p>By <i>signing</i> and/or providing us with a valid instruction in respect to <i>your</i> Direct Debit Request, you have understood and agreed to the terms and conditions governing the debit arrangements between you and Mary MacKillop CCPS Ballajura as set out in this Request and in your Direct Debit Request Service Agreement.</p>
<p>Insert your signature and address</p>	<p>Signature _____</p> <p>(If signing for a company, sign and print full name and capacity for signing eg. director)</p> <p>Address _____</p> <p>_____</p> <p>Date ___ / ___ / ___</p>

Date Received: _____

MAZE: _____

FAMILY CODE _____

Loaded to Bank _____