



Direct Debit Request

Request and Authority to debit the account named below to pay
ST. PETER'S PRIMARY SCHOOL

Request and Authority to debit	Surname _____
	Given Names _____ " YOU"
	request and authorise St. Peter's Primary School, User no 133967 to arrange for any amount St. Peter's Primary School may debit or charge you to be debited through the Bulk Electronic Clearing System from an account held at the financial institution identified below subject to the terms and conditions of the Direct Debit Request Service Agreement (and any further instructions provided below).
Insert name and address of financial institution at which account is held.	Financial Institution Name _____
	Address _____ _____
Insert details of account to be debited	Name of account _____
	BSB Number _ _ _ - _ _ _
	Account Number _ _ _ _ _ _ _ _ _ _ _ _
Acknowledgement	By signing this Direct Debit Request you acknowledge having read and understood the terms and conditions covering the debit arrangements between you and St. Peter's Primary School as set out in this Request and in your Direct Debit Request Service Agreement.
Please complete this section	_____ The Maximum amount to be debited at any one time is \$ _ _ _ - _ _ (in words) _____
	_____ The first debit may be made on ___/___/___ and at weekly, fortnightly, monthly intervals after that.
Insert your signature and address	Signature _____ (If signing for a company, sign and print full name and capacity for signing e.g. Director)
	Address _____ _____
	Date ___/___/___

This Direct Debit Request is provided for the payment of fees for St. Peter's Primary School
 It is anticipated that it will commence on the nominated date,
 and operate until the school fees are paid or an arranged end date.