Trinity College

Scott Street, Beenleigh Qld 4207 Telephone: 07 3442 5222 Email: sbeenleigh@bne.catholic.edu.au



DIRECT DEBIT REQUEST (DDR)

Action (Please tick): New request	Alteration	Cancella	ation									
Student/s Name/s:												
SECTION 1 – DETAILS OF ACCOUN	T ALITHOPITY											
	TACITIONITI											
I/We (Name of Customer/s): Authorise the: ARCH	HDIOCESAN DEVI	ELOPMEN	T FUND				APO	`A User I	D Numbe	er:	06278	2
To arrange for funds to be debited from my/our	account at the Financia	al Institution id	lentified bel	ow and	d as preso	cribed	below t	hrough t	the Bulk I		ic Clearin	g System
(BECS). This authorisation is to remain in force i	n accordance with the t	terms describe	ed in the Dire	ect De	bit Servic	e Agre	ement	(see ove	r page).			
SECTION 2 – DETAILS OF ACCOUN	T TO BE DEBITED) (ALL DETAILS MU	IST BE SUPPLIED))								
Name of Financial Institution:					Branch	Locati	on:					
BSB No.:	Account No.:											
Account Name:												
SECTION 3 – PAYMENT DETAILS (PL	EASE ALLOW 3 WORKING DAYS	S FOR PROCESSING)	- A S (0.18)					12 7 3				
I/We request that you debit my/our account in	accordance with this Ag		CARROLL STREET,	ne or	more of t	he foll	owing o	ondition	ns:			
I/We request that you debit my/our account in Payment Frequency (Please tick): Weekly	accordance with this Ag	greement and	CARROLL STREET,	one or		he folk (uarter		condition	os: Once or	nly		
Payment Frequency (Please tick): Weekly		greement and	subject to o	one or				condition	1	nly		
Payment Frequency (Please tick): Weekly Amount of: \$	Start Payment Date (greement and ly (dd/mm/yy): FURTHER N	subject to o Monthly / / NOTICE			SCH	lool u	SE ONLY	Once of	oer:	pearing d	uring
Payment Frequency (Please tick): Weekly	Start Payment Date (UNTIL with any charges/tuition	greement and ly (dd/mm/yy): FURTHER N	subject to o Monthly / / NOTICE	al fee a	Q Q	sch ncludin	lool U	SE ONLY	Once of A#Numb	per:	pearing d	uring ys prior
Payment Frequency (Please tick): Weekly Amount of: \$ Please debit my/our nominated bank account v the year. I/We understand that this amount may	Start Payment Date (UNTIL with any charges/tuition	greement and ly (dd/mm/yy): FURTHER N	subject to o Monthly / / NOTICE	al fee a	Q Q	sch ncludin	lool U	SE ONLY	Once of A#Numb	per:	pearing d	uring ys prior
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