



ARCHDIOCESAN
DEVELOPMENT
FUND

DIRECT DEBIT REQUEST (DDR)

Action (Please tick): New request Alteration Cancellation

Student/s Name/s:

SECTION 1 – DETAILS OF ACCOUNT AUTHORITY

I/We (Name of Customer/s):

Authorise the: **ARCHDIOCESAN DEVELOPMENT FUND**

APCA User ID Number: **062782**

To arrange for funds to be debited from my/our account at the Financial Institution identified below and as prescribed below through the Bulk Electronic Clearing System (BECS). This authorisation is to remain in force in accordance with the terms described in the Direct Debit Service Agreement (see over page).

SECTION 2 – DETAILS OF ACCOUNT TO BE DEBITED (ALL DETAILS MUST BE SUPPLIED)

Name of Financial Institution:

Branch Location:

BSB No.:

Account No.:

Account Name:

SECTION 3 – PAYMENT DETAILS (PLEASE ALLOW 3 WORKING DAYS FOR PROCESSING)

I/We request that you debit my/our account in accordance with this Agreement and subject to one or more of the following conditions:

Payment Frequency (Please tick): Weekly Fortnightly Monthly Quarterly Once only

Start Payment Date (dd/mm/yy): / /

Amount of: \$

UNTIL FURTHER NOTICE

SCHOOL USE ONLY A#Number:

Please debit my/our nominated bank account with any charges/tuition fees as per my/our annual fee account including any miscellaneous charges appearing during the year. I/We understand that this amount may change from time to time and that the School will provide me/us written notice of any changes at least 14 days prior to the changes coming into effect.

SECTION 4 – AUTHORITY

I/We acknowledge that I/we have read and understood all terms and conditions as outlined in the Direct Debit Service Agreement (Please tick):

Signature of Customer:

Signature of Customer:

Date: / / 20

Date: / / 20

Credit ADF A/C:

33157S16 B C E

OFFICE USE ONLY School Reference Code:

