



**Carey**  
Baptist  
College  
Harrisdale

# Direct Debit Request

**Carey Baptist College** ABN: 67 786 892 560

## Customer's Details in Full

I/We

**Surname**

**Given Name**




**Address**

**Email Address (please write clearly)**

authorise and request **Carey Baptist College** (User ID no 318004) ("Debit User"), until further notice in writing, to arrange for my/our account (as described in the Schedule below) to be debited through the Bulk Electronic Clearing System (CS2) as specified below, provided that if no amount is specified, the account may be debited with any amounts which I/we must pay to the Debit User under the arrangements between me/us and the Debit User referred to below:

## The Schedule

**Frequency**

- Fortnightly
  Monthly
  Quarterly
  Bi-Annual
  Annual

**Bank Account in the name(s) of:**

*Note: Direct Debiting is not available on all accounts. If in doubt, please refer to your financial institution.*

**Financial Institution Name**

**Financial Institution Address**

**BSB (full six digits)**

**Account Number**

**OR**

**Visa/MasterCard in the name of:**

*Note: A 0.8% merchant fee will be applied at the time of processing each transaction for credit cards.*

**Card Number (16 digits)**

Visa

Mastercard

Expiry Date

CCV No





## ACKNOWLEDGEMENT

I/We have read the Direct Debit Request Service Agreement attached and agree to its terms. I/We authorise and request that this Direct Debit Request remain in force until cancelled, deferred or otherwise altered in accordance with the Direct Debit Request Service Agreement. I/We confirm the account details set out above are correct and that this Direct Debit Request is signed by the number of authorised signatories required by the financial institution where my/our account is held.

**Customer's Signature**

**Date**

**Customer's Signature**

**Date**