Direct Debit Request

Customers Authority:

I/We _____
authorise Casey Grammar School to:

1. Arrange through its own financial institution, a debit to your nominated account, which will not exceed the amount Casey Grammar School, has deemed payable by you.

2. This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from your 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.

Details of the Account to be debited:

Name of Financial Institution: _____

Branch Name: _____

Branch/BSB No: ____ ____ ____ ------ ____ ____ ____

Account No: ____ ____ ____ ____ ____ ____ ____ ____ ____

Account Name: _____

OR

Details of Debit / Credit Card to be debited:

Please select: **VISA** **MASTERCARD**
(Circle one)
Card Number: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

Expiry: ____ / ____ **CCV:** ___ ___ ___

PAYMENT FREQUENCY: **Annually** **Quarterly** **Monthly** **Fortnightly** **Weekly**
(Please Circle one)

Authorising Signatures on Account:
By signing this Direct Debit Request you acknowledge having read and understood the terms and conditions governing the debit arrangement between you and Casey Grammar School as set out in this Request and your Direct Debit Client Service Agreement.

_____ _____

(Joint accounts require both signatures)

Date: _____ / _____ / _____ **Date:** _____ / _____ / _____

Account Number: ____ ____ ____ ____ ____
(if known)