

Direct Debit Request

Your details:

Name:			
Address:			
Phone:	Home:	Work:	

Bank Details:

Bank:		Branch:	
BSB:		Account No.:	
Name(s) on account:			

Payment Details:

Amount:	\$ _____		
Frequency:	<input type="checkbox"/> Once only <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly (Thursday fortnightly on Centrelink Family Payment due date) <input type="checkbox"/> Monthly (15 th day of each month or if non-working day, next working day after)		
Payment for:	<input type="checkbox"/> Tuition and college fees as invoiced to us \$ _____ <input type="checkbox"/> Building Fund donation \$ _____		
Commencement date:	/ /	*Finish date:	

* Until further notice or insert date

By signing this direct debit request, you are authorising Victory Christian College to debit your account as per the schedule above. If you wish to make changes to the direct debit schedule, please notify the College in writing at least 5 working days prior to due date. If your debit is dishonoured or returned by your financial institution, you will be advised in writing. Any fees levied to you by your financial institution or incurred by us in respect of a direct debit being dishonoured or returned will be payable by you. Your account details will be kept confidential except that information will be provided to our financial institution to process the debit to your nominated account. It is your responsibility to ensure that your nominated account can accept direct debits, the account details you have provided us with are correct, and you have sufficient clear funds available in the nominated account by the scheduled direct debit day.

I/we have read and understand the above conditions for direct debits by Victory Christian College. I/we authorise and request Victory Christian College, until further notice in writing, to debit my/our nominated account with fees and/or donation as described above

Signed: _____ Date: ____/____/____

