

Northpine Christian College (314011)

Direct Debit Request (DDR)

You may contact us as follows:-

Phone: 0732046511
 Email: accounts@northpine.qld.edu.au
 Mail: 29 Hughes Road East
 Dakabin, QLD, Australia 4503

All communication addressed to us should include your Customer Number.

PART A - Your Details

Customer Number:

Customer Name:

Phone Number:

Email Address:

Address:

State: Postcode:

PART B - Schedule

Date of First Payment: e.g. 01 Sep 2014

- Frequency:
- Weekly
 - Fortnightly
 - Monthly
 - Quarterly
 - Six-Monthly
 - Yearly

Payment Amount: Payment Amount for each debit

- Number of Payments: Continue until further notice
- OR
- Stop after Payments

If the scheduled date is not a banking day, the debit will take place on the next banking day.

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PART C - Cheque/Savings Accountor Credit Card Authorisation

I/We request and authorise Northpine Christian College (314011) to arrange, through its own financial institution, a debit to your nominated account any amount Northpine Christian College (314011), has deemed payable by you. 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.

Financial Institution:

Branch:

Account Name:

BSB No. -

Account Number:

I/We request and authorise Acknowledgement. By signing and/or providing us with a valid instruction in respect to your Direct Debit Request, you have understood and agreed to the terms and conditions governing the debit arrangements between you and Northpine Christian College as set out in this Request and in your Direct Debit Request Service Agreement.

Signature: Date:

Signature: Date:

If debiting from a joint bank account, both signatures are required.

OR

I request you Northpine Christian College to arrange for funds to be debited from my nominated credit card according to the schedule specified above and attached Direct Debit Service Agreement.

Credit Card Number:

Expiry Date: /

Cardholder Name:

Signature: Date:

Completed Application

Return your completed application by mail to:-

Mail: 29 Hughes Road East
Dakabin, QLD, Australia 4503