



# School fee payments by Direct Debit

## Request and Authority to Debit

Surname (of account holder): \_\_\_\_\_

Given Names (of account holder): \_\_\_\_\_

I request and authorise **Nagle College Bairnsdale** to transfer the amount nominated below from my account or credit card (details below) subject to the terms and conditions of the *Service Agreement* and any further instructions provided below.

Name of Financial Institution: \_\_\_\_\_

**Payments can be made either by Direct Debit or Credit Card. Please fill out the relevant section below.**

### Payment by Direct Debit

Name of account holder: \_\_\_\_\_

BSB: \_\_\_\_\_ Account Number: \_\_\_\_\_

Amount to be debited: \$ \_\_\_\_\_

### Payment by Credit Card

Name of account holder: \_\_\_\_\_

Mastercard     Visa

Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ **Amount to be debited: \$** \_\_\_\_\_

### Payment Frequency

Please select your preferred payment frequency. Weekly and fortnightly payments are processed on a Thursday. Monthly payments are processed on the 30<sup>th</sup> of each month. *\*Please indicate your preferred start date below.*

Weekly\*     Fortnightly\*    Start date: \_\_\_\_\_

Monthly     Quarterly

### Acknowledgement

By signing this Direct Debit request you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and **Nagle College Bairnsdale** as set out in this request and in your Direct Debit request *Service Agreement*.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name of student(s) attending College: \_\_\_\_\_

### Annual Agreement

Do you wish for the College to continue this arrangement each year using the same details as above, resuming each January for the current year's annual fees owing?     Yes     No

*Please notify the College on 5152 9985 should you wish for any details to be amended or if you wish to cease the arrangement.*