



**Matthew Gibney
Catholic Primary School
30 Munday Road
HIGH WYCOMBE
6057**

Direct Debit Request

AMENDMENT

Request and Authority to debit the account named below to pay
Matthew Gibney Catholic Primary School

Request and Authority to debit	<p>Your Surname or company name _____</p> <p>Your Given names or ABN/ARBN _____ “you”</p> <p>request and authorise Matthew Gibney Catholic Primary School User ID 375140 to arrange, through its own financial institution, a debit to your nominated account any amount Matthew Gibney Catholic Primary School, has deemed payable by <i>you</i>.</p> <p>This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from <i>your</i> 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.</p>
Insert the name and address of financial institution at which account is held	<p>Financial institution name _____</p> <p>Address _____</p> <p>_____</p>
Insert details of account to be debited	<p>Name/s on account _____</p> <p>BSB number (Must be 6 Digits) _ _ _ _ - _ _ _ _ </p> <p>Account number _ _ _ _ _ _ _ _ _ _ _ _ _ _ </p>
Frequency of Debits	<p>Maximum amount (). The first debit may be made on ___/___/___ and at Weekly/fortnightly/monthly/quarterly/half yearly/ intervals thereafter, with the Final Payment Date (optional)</p>
Acknowledgment	<p>By <i>signing</i> and/or providing us with a <i>valid instruction</i> in respect to <i>your</i> Direct Debit Request, you have understood and agreed to the terms and conditions governing the debit arrangements between you and Matthew Gibney Catholic Primary School as set out in this Request and in your Direct Debit Request Service Agreement.</p>
Insert your signature and address	<p>Signature _____</p> <p>(If signing for a company, sign and print full name and capacity for signing eg. director)</p> <p>Address _____</p> <p>_____</p> <p>Date ___ / ___ / ___</p>