

Direct Debit Request Form 2019

Berwick: (03) 9702 6588 Officer: (03) 5943 3600 Beaconsfield: (03) 9709 2100
Postal Address: P.O. Box 85, Beaconsfield 3807
Email: fees@sfx.vic.edu.au Website: www.sfx.vic.edu.au



Student/s Name

Fee payer details

Fee Payer Name

College Account No.

Email Address

PLEASE PROVIDE A CURRENT EMAIL ADDRESS FOR ALL FEE RELATED CORRESPONDENCE

Mobile Number (SMS re. Fees)

Is this a split account?

 No Yes

Do you hold a Concession Card?

 No Yes

If yes, Card No.

Payment Method

Direct debit amount

Bank Account

BSB:

Account Number

Bank Institution

Credit Card

Credit Card #

Exp Date

Cardholder name

Payment Options

Weekly

Commencing: Friday

(Date)

Monthly

Commencing: 4th of Month

18th of Month

Fortnightly

Commencing: Friday

(Date)

Commencing from which month? (eg Jan, Feb):

All direct debits will be on an ongoing basis unless a final deduction date is specified.

Ongoing

Final Deduction Date:

Acknowledgement

- I/We are aware that a \$5.00 administration fee may be charged to our Education Fee Account if any payments are returned dishonored by my/our bank. Three (3) consecutive dishonored transactions will also attract a \$5.00 administration fee.
- I/We understand that if five (5) consecutive transactions dishonor, direct debits will be cancelled and alternative arrangements will need to be made.
- I/We are aware that if I/we wish to stop or defer a debit payment I/we must notify the College at least 14 days before the next debit date.
- I/We understand that all fees and charges must be finalised by 30 November 2019 unless special arrangements have been made and approved by the College.
- I authorise St Francis Xavier College (User ID 169692) to debit funds from my account at the financial institution identified above and as prescribed by the Bulk Electronic Funds Clearing System (BECS). I certify that I am an authorised signatory of the above account and the payment instructions are consistent with the account authority or signing instructions held by my financial institution for that account.
- I/We have read and understood the Direct Debit Request Service Agreement located on PAM.

Print name

Signature

Date

Please complete, sign and return this direct debit form to the College