



St Augustine's College Kyabram

DIRECT DEBIT REQUEST

Request to establish Debit Authority within the Direct Debit System

SCHEDULE

Amendments attached

A Customer Details

I/We authorise St Augustine's College (ABN 27 464 784 130 with User ID Number 204184) to arrange for funds to be debited from my/our account, held with the Financial Institution, as described below.

Name

Address

Postcode

B Payment Details

The payment of \$ to be withdrawn from my/our account

Starting date

Please select

- Weekly Fortnightly Monthly
- Monday Wednesday Friday
- 1st of the month 15th of the month

C Account Details

Name of bank

Address

Postcode

Account name

BSB

Account number

(Please check with your Financial Institution to ensure the account nominated will facilitate direct debiting. See attached Service Agreement Clause 5.)

D Authorisation

I/We have read and understood the "Service Agreement" overleaf and acknowledge and agree to it.

Customer signature

Date

Start/End date

D	D	M	M	Y	Y
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New amount to be debited

\$

Customer signature

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Staff signature

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File notes

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Service Agreement

1. St Augustine's College, Kyabram (the "Debit User") will debit the ESB/Account nominated in The Schedule of this Direct Debit Request as specified.
2. St Augustine's College will not give less than 14 days written notice to the customer should it propose to vary the arrangements of this Direct Debit Request.
3. The customer(s) may request the Debit User to defer or alter the payment amount specified in the Schedule of this Direct Debit Request. Requests authorising these changes may be made by phoning or visiting St Augustine's College, Kyabram. Customer(s) may change the:
 - due date of payment
 - payment amount
 - frequency of payment

Customer(s) wishing to vary the drawing account details specified in The Schedule of this Direct Debit Request must provide signed authority for such changes to be effected.
4. In compliance with the Industry's Direct Debit Claims Process, St Augustine's College will assist customer(s) disputing any payment amount drawn on the nominated ESB/Account in The Schedule of this Direct Debit Request. St Augustine's College will endeavor to resolve this matter within the Industry agreed timeframes. Customer(s) may visit any branch of their bank and complete a "Direct Debit System Claim Request" form to initiate the process.
5. St Augustine's College advises that some Financial Institution accounts do not facilitate direct debits and as such the customer(s) must check with their Financial Institution (Ledger FI) to ensure the account nominated in The Schedule of this Direct Debit Request enables direct debiting.
6. It is the customer(s) responsibility to ensure at all times there is sufficient cleared funds available, at the due date of the debit drawing, to enable payment from the BSB/ Account as nominated in The Schedule of this Direct Debit Request.
7. St Augustine's College advises the debit drawing will be made on the agreed due date as nominated in The Schedule of this Direct Debit Request. When the due date is a closed business day St Augustine's College will initiate the debit drawing on the next open business date. Customer(s) may direct processing inquiries to their Ledger FI. A closed business day is defined as any calendar day on which the customer(s) Ledger FI is not open for direct debit processing. That is
 - weekends
 - public holiday - State
 - public holiday - National
8. Where an unpaid debit item is returned by the customer(s) Ledger FI, St Augustine's College will, in accordance with The Schedule of St Augustine's College, Fees & Charges, apply an Outward Dishonour Fee to the customer(s) recipient account.
9. Customer(s) who wish to cancel this Direct Debit Request must notify St Augustine's College in writing not less than 7 days before the next scheduled debit drawing. St Augustine's College requests the customer(s) to direct all inquiries, disputes, requests for payment changes or cancellation directly to St Augustine's College.
10. St Augustine's College agrees to keep confidential all customer(s) records and account details contained in The Schedule of this Direct Debit Request unless authorised to release such information pursuant to a debit item dispute or similar event where the customer(s) has provided prior consent to do so.

DIRECT DEBIT AMENDMENTS

Amendment Details

Start/End date

D	D	M	M	Y	Y
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New amount to be debited

\$

Customer signature

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Staff signature

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File notes

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Amendment Details

Start/End date

D	D	M	M	Y	Y
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New amount to be debited

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Customer signature

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Staff signature

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File notes

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Amendment Details

Start/End date

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New amount to be debited

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Customer signature

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Staff signature

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File notes

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