**AUTHORITY FORM TO PAY SCHOOL FEES VIA DIRECT DEBIT**

Please only complete and return this form if you would like the school to make deductions from your bank account or credit card to cover your school fees. If you would like to continue to pay your account via cash, cheque or credit card via the usual method, please disregard this form.

<table>
<thead>
<tr>
<th>Family Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Surname:</td>
</tr>
<tr>
<td>School Family Number (as shown on statement):</td>
</tr>
<tr>
<td>Student/s Names:</td>
</tr>
<tr>
<td>1.</td>
</tr>
<tr>
<td>2.</td>
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<tr>
<td>3.</td>
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<tr>
<td>4.</td>
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<tr>
<td>Contact Phone Number:</td>
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<tr>
<td>Email address:</td>
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Please return your completed form to the College office or mail to:

Edmund Rice College
Attention: Fees Administrator
Locked Bag 10
WOLLONGONG NSW 2500

BY FEBRUARY 22, 2016.

I/We __________________________________________

request and authorise **Edmund Rice College** to arrange for funds to be debited from my/our account at the Financial Institution identified below and as prescribed below through the Bulk Electronic Clearing System (BECS) or to debit my/our Account by any other means in accordance with the Direct Debit Request Service Agreement and any further instructions provided below. *(The DDRSA is available on our web site)*

**Request and Authority to Debit**

**Acknowledgement**

By signing this Direct Debit Request you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and Edmund Rice College as set out in this Request and in your Direct Debit Request Service Agreement.
### Payment Details

Please debit the required payment from the Account below. *(Weekly and Fortnightly payments will be deducted on a Thursday commencing on 25th February 2016 and Monthly payments will be deducted on the 25th of each month from February to November unless discussed with the finance office prior to the start date. Term payments will be deducted on 25th Feb, 6th May and 29th July 2016.)*

Payments to be debited *(please tick below)*. We will work out the balance due and divide it by the chosen format below:

- ☐ Weekly (× 40)
- ☐ Fortnightly (× 20)
- ☐ Monthly (× 10)
- ☐ Term (× 3)

### Insert details of your Cheque or Savings Account to be debited

- Financial Institution Name: ________________________________
- Branch: ________________________________
- Account Name: ________________________________
- BSB number: |___|___|___| - |___|___|___|
- Account number: |___|___|___|___|___|___|___|

**OR**

### Credit Card

- Select Card Type: ☐ Visa ☐ MasterCard
- Cardholder Name: ________________________________
- Card Expiry: _____ / _____
- Card Number: [Redacted]

### Signature

*(if in joint names both signatures are required)*

I/We authorise:

1. **Edmund Rice College** to debit the above account. This authority shall stand, in respect of the above specified account issued to me in renewal or replacement thereof, until I notify the Merchant in writing of its cancellation.

2. The Debit User to verify the details of the abovementioned account with my/our Financial Institution.

3. The Financial Institution to release information allowing the Debit User to verify the abovementioned Account details.

4. **Edmund Rice College** to adjust my direct debit amount on an annual basis in accordance with the College’s Schedule of Fees & Charges, until I notify the College in writing.

- Signature(s): ________________________________
- Date: _____ / _____ / 20____  _____ / _____ / 20_____