

## **Direct Debit Request**

Request and authority to debit the account named below to pay MacKillop Catholic College

Name/s of Student/s and DOB:	
Request and Authority to debit	Your Surname or company name
Insert the name and address of financial institution at which account is held	Financial institution nameAddress
Insert details of account to be debited	Name/s on account
Payment Details	Payment Frequency (please tick)
Acknowledgment	By signing and/or providing us with a valid instruction in respect to your Direct Debit Request, you have understood and agreed to the terms and conditions governing the debit arrangements between you and <b>MacKillop Catholic College</b> as set out in this Request and in your Direct Debit Request Service Agreement.
Insert your signature and address	Signature  (If signing for a company, sign and print full name and capacity for signing e.g. director)  Address  Date//
Second account signatory (if required)	Signature  (If signing for a company, sign and print full name and capacity for signing eg. director)  Address
	Date//