

CATHOLIC COLLEGE WODONGA
DIRECT DEBIT AUTHORITY FOR BANK ACCOUNT OR CREDIT CARD

Request and Authority to debit the Account named below to pay Catholic College Wodonga

Parent/Guardian Name(s) _____

Option 1:

Bank Account

Financial Institution Name _____

Account Name _____

BSB number |__|__|__| - |__|__|__|

Account number |__|__|__|__|__|__|__|__|__|

OR Option 2:

Credit Card

Credit Card Type Visa MasterCard

Name on Card _____

Credit Card N o. |__|__|__|__|__|__|__|__|__|__|__|__|

Expiry Date |__|__| / |__|__|

When your credit card expires, please ensure you contact the Finance Team to advise your new expiry date.

Payment Details

Amount to be debited per payment: \$ |__|__|__|__|__| - |__|__|

| | Frequency | Preference | First debit date | |
|--|-----------|-------------------|------------------|-------------------|
| | | | Start Date | Alternative Date* |
| | Weekly | Thursday / Friday | | |

**CATHOLIC COLLEGE WODONGA
DIRECT DEBIT SERVICE AGREEMENT**

The following is your Direct Debit Service Agreement with Catholic College Wodonga (ABN 31 244 284 084). The agreement is designed to explain what your obligations are when undertaking a Direct Debit arrangement with us. It also details what our obligations are to you as your Direct Debit Provider.

Direct Debit arrangements

Your signature on the Direct Debit Authority form allows us to debit your nominated account in the manner referred to. If a direct debit falls on a day, which is not a business day, the drawing will be made on the next business day.

We will keep your direct debit records and account details confidential, except where the disclosure of certain information to your financial institution is necessary to enable us to act in accordance with your drawing arrangements. Tw (s (men)-12.2 (t)-1.1 (s)-8.1 (2 (to13. Tw en)-0w 40 0 Td [(y7o d2A-6.4 (r)- A-6.4 (r)- A-o8enab)-(l)-8.9 (os(