

DIRECT DEBIT REQUEST 2014



Guildford Grammar School

11 Terrace Road, Guildford 6935

Tel: 08 9377 9208

Fax: 08 9378 2778

www.ggs.wa.edu.au

DETAILS OF NOMINATED ACCOUNT TO BE DEBITED

BSB Number - Account Number

Name of Financial Institution

Address of Financial Institution

Name(s) account held in

Note: Direct Debiting is not available on the full range of accounts. If in doubt, please refer to your Financial Institution.

SCHEDULE OPTIONS

OR

A. One instalment per month for **nine months**
starting from 15th/20th/30th of **FEBRUARY**
(delete as appropriate)

please debit my account with the amount of

\$ _____ per month.

Family Code: _____

B. Two instalment per month for nine months
starting from 15th & 30th of **FEBRUARY**

please debit my account with the amount of

\$ _____ per fortnight.

Family Code: _____

ACKNOWLEDGEMENT

Surname or Company/Business Name

Given Names or ABN/ACN/ARBN

Address

I/We request you until further notice in writing, to debit my/our account described in the schedule above any amounts which Guildford Grammar School, User ID 068024, may debit or charge me/us through the Direct Debit System.

I/We understand and acknowledge that:

1. The Financial Institution may, in its absolute discretion, determine the order of priority of payment by it of any moneys pursuant to this Request or any authority or mandate.
2. The Financial Institution may, in its absolute discretion, at any time by notice in writing to me/us, terminate this Request as to future debits.
3. The User may, by prior arrangement and advice to me/us, vary the amount or frequency of future debits.
4. Completed forms need to be received by **Tracey Roki in the Finance Office by 24 January 2014**. An annual administration fee of \$50 per family applies. This fee covers the cost of setting up the authority and is not refundable if the authority is subsequently cancelled.
5. It is **your** responsibility to ensure that there are sufficient clear funds available in **your account** by close of business the day before a debit day to allow a **debit payment** to be made in accordance with the **direct debit request**.

Signature Signature

Date / / Date / /

If joint account all signatures may be required