## **Request For Direct Debit Tuition Fees/Charges**

## **Bank Account or Credit Card**

(Parent/Carer should contact the Finance Office if you are considering upfront payment)

This form must be saved to your computer, then opened and completed in **Acrobat**. To do this you need to either:

- 1. **Download** and **Save** this form to a location on your computer; OR
- 2. Select Print then Save as PDF to your computer; OR
- 3. Choose the Open in Acrobat option and then Save to your computer.

Then, **Open** in Acrobat from the saved location.

If you fill the form out before saving to your computer, your information will not be saved. Once completed, make sure you **Save** again, then click **Submit**.

STUDENT DETAILS			
Student's Full Name			Date of Birth
PARENT/CARER 1 DETAILS		PARENT/CARER 2 DETAILS	
Parent/Carer Name		Parent/Carer Name	
Contact Numbers		Contact Numbers	
Home	Mobile	Home	Mobile
		ortion. Please note that the \$100.00	
be deducted from the nominate	d account on this form in accord	ance with the proportion of fee spl	it.
be deducted from the nominate	d account on this form in accords  Parent 1 / Guardian A	ance with the proportion of fee spl	it. Non-Residential Parent/Guardian
Please state proportion e.g. 50%, 100%			Non-Residential
Please state proportion			Non-Residential
Please state proportion e.g. 50%, 100%  Healthcare Card Number			Non-Residential
Please state proportion e.g. 50%, 100%  Healthcare Card Number (if applicable)  I would like to be contacted to	Parent 1 / Guardian A	Parent 2 / Guardian B	Non-Residential Parent/Guardian
Please state proportion e.g. 50%, 100%  Healthcare Card Number (if applicable)  I would like to be contacted to discuss a payment plan	Parent 1 / Guardian A	Parent 2 / Guardian B	Non-Residential Parent/Guardian

## **SERVICE AGREEMENT**

- Catherine McAuley College (Debit User) will initiate debit items in the manner referred to in The Schedule. Payments will be made when due and advice of payments will be provided by Catherine McAuley College on monthly Statements.
- Catherine McAuley College (Debit User) will
  provide 14 days written notice if it proposes
  to vary details of this arrangement including,
  without limitation, the amount and frequency
  of payments. I/We may contact Catherine
  McAuley College (Debit User) about any
  proposed change before it takes place.
- If I/we wish to defer, cancel any payment or alter any of the details referred to in The Schedule, I/we must contact Catherine McAuley College (Debit User).
- 4. In compliance with the Industry's Direct Debit Claim process, Catherine McAuley College (Debit User) will assist customers disputing any debit item drawn on the nominated BSB/

- Account in The Schedule of this direct debit request. Catherine McAuley College will endeavour to resolve this matter within the agreed lundustry timeframes. Customers can contact their bank should they be unable to resolve the issue and complete a "Direct Debit System Claim Form" to initiate the process.
- Direct debiting is not available on the full range of accounts of all financial institutions and I/we must check that the financial institution referred to in The Schedule will accept direct debits under this arrangement.
- It is my/our responsibility to have sufficient clear funds available in the account to be debited when each payment is due to permit the payment of debit items of this request.
- If payment falls due on any day which is not a business day, the payment will be made on the business day immediately preceding the schedule date.

- If a debit item is returned unpaid, I/we may be charged a fee for each such item.
- If I/we wish to cancel this Direct Debit Request or to stop individual debit items from time to time, I/we must give Catherine McAuley College (Debit User) one day's notice. Customers may cancel DDR through their bank.
- 10. Catherine McAuley College requests the customer to direct all enquiries, disputes requests for payment change or cancellation to Catherine McAuley College (Debit User).
- 11. In the event that a debit item is initiated as the result of fraud from a third party, I/we shall not be liable for the payment.
- 12. Except to the extent that disclosure is necessary in order to process debit items or as otherwise may be required by law, details of your accounts will remain confidential to Catherine McAuley College (Debit User).



PAYMENT DETAILS				
Weekly (Deducted on Fridays)	Fortnightly (Deducted on Fridays) – Week 1 Week 2			
Monthly (Deducted on 15th of each month)	<b>Term</b> (Deducted on the 1st Friday of each Term)			
In signing and providing bank account or credit card details, I/we acknowledge reading the 'Service Agreement' (overleaf) and agreeing to same. I/We request this arrangement remain in force in accordance with The Schedule described below and in compliance with the 'Service Agreement'.				
	er 377718 to debit funds from my/our account, at the financial Institution e from all accounts. If you are in doubt please refer to your financial			
Request				
New Direct Debit Yes No Change	e of Bank Details Yes No			
Bank Account Details				
Bank Name	Account/Customer Name			
BSB	Account Number			
Customer Signature				
	Date			
Customer Signature				
	Date			
	Dute			
THE SCHEDULE – CREDIT CARD  Please note: All written evidence of credit card details will be destroyed as per the Payment Card Industry Data Security Standards (PCI DSS).  Credit Card  Please charge my credit card – Visa / MasterCard Number				
Cardholder Name	Expiry Date			
	/			
Cardholder Signature				

Once completed, make sure you **Save** again, then click **Submit**.



Once you click on **Submit**, a new email should pop up with the PDF form attached. Click **Send**. If this does not happen automatically, open your email program, create a new message, attach the PDF file from the location where you saved it and email to **financeoffice@cmc.vic.edu.au** with the subject line **Request For Direct Debit Tuition Fees/Charges**.