



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.

STUDENT DETAILS

Student's Full Name

Date of Birth

PARENT/CARER 1 DETAILS

Parent/Carer Name

PARENT/CARER 2 DETAILS

Parent/Carer Name

Contact Numbers

Home

Mobile

Contact Numbers

Home

Mobile

If Fee Account is to be split please use this section to state proportion.

| | 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 | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| First name | | | |
| Surname | | | |

SERVICE AGREEMENT

1. 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.
2. 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.
3. 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 industry 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.

5. 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.
6. 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.
7. 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.

8. If a debit item is returned unpaid, I/we may be charged a fee for each such item.
9. 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

| | |
|--|---|
| <input type="checkbox"/> Weekly (Deducted on Fridays) | <input type="checkbox"/> Fortnightly (Deducted on Fridays) – <input type="checkbox"/> Week 1 <input type="checkbox"/> Week 2 |
| <input type="checkbox"/> Monthly (Deducted on 15th of each month) | <input type="checkbox"/> Term (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'.

THE SCHEDULE – BANK ACCOUNT

I/We authorise **Catherine McAuley College - User ID Number 377718** to debit funds from my/our account, at the financial Institution identified below. Please note direct debiting is not available from all accounts. If you are in doubt please refer to your financial institution.

Request

New Direct Debit ☐ Yes ☐ No **Change of Bank Details** ☐ Yes ☐ No

Bank Account Details

Bank Name

Account/Customer Name

BSB

Account Number

Customer Signature

Date

Customer Signature

Date

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

| | | | | | | | | | | | | | | | | | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|

Cardholder Name

Expiry Date

| | | | | |
|----------------------|----------------------|---|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|---|----------------------|----------------------|

Cardholder Signature

Once completed, make sure you **Save** again.