

## DIRECT DEBIT AND CREDIT CARD REGULAR PAYMENT REQUEST

Request and authority to debit the account or debit the credit card account named below to pay St Francis Xavier's Regional Catholic School

| Name  |   |
|---|---|
|   | Telephone   |
|   |   |
| Please complete either Section A or B below.              |   |
| SECTION A: Cheque or Savings Account DDR                  |   |
| Request and Authority to debit                            | We/I request and authorise Catholic Church Endowment Society Inc Debit User ID 113325 to arrange for any amount Catholic Church Endowment Society Inc may debit or charge you to be debited through the Bulk Electronic Clearing system from an account held at the financial institution identified below subject to the terms and conditions of the Direct Debit Request Service Agreement (and any further instructions provided below). |
| Insert details of cheque or savings account to be debited | Name on Account   |
|   | Financial Institution   |
|   | BSB number  Account number  |
| Acknowledgement   | By signing this Direct Debit Request, you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and Catholic Church Endowment Society Inc. as set out in this request and in your Direct Debit Request Service Agreement.  |
| SECTION B: Credit Card Account CCR                        |   |
| Insert details of credit card account to be debited       | Name of cardholder  |
|   | Type of credit card Mastercard / Visa / AMEX  |
|   | Account number  |
|   | □ Expiry Date   _  -  |
| PAYMENT DETAILS   |   |
| Debit Frequency   | ☐ The first debit may be made on / / and at weekly / fortnightly / monthly / termly intervals after that.   |
| Debit Amount  | ☐ The amount to be debited each time is \$   _   _   -   _   or as amended in accordance with written instructions provided by you.   |
| Debit End Date  | This authority will remain in place until / / (or) until further notice by written request to cancel/suspend payments is provided by you.   |
| Signing Authority   | Signature   |
|   | Print Name  |