



Parade College
1436 Plenty Rd, Bundoora, Vic, 3083
Telephone: (03) 9468 3300 Fax: (03) 9467 3937

DIRECT DEBIT REQUEST SERVICE AGREEMENT

1. The Parent will be advised 14 days in advance of any changes to the Direct Debit arrangements.
2. For all matters relating to the Direct Debit arrangements, the Parent will need to:
 - Call our Accounts Office 9468 3300
 - and/or**
 - Visit our office
 - and/or**
 - Send written correspondence to the above address outlining the request/issue
 - and**
 - Allow for 2 weeks for the amendments to take effect.
3. The Parent should be aware that:
 - a** Direct debiting through BECS is not available on all accounts: and,
 - b** Account details should be checked against a recent statement from its Financial Institution. If you are in any doubt, you should check with your Ledger Financial Institution before completing the drawing authority.
4. It is your responsibility to ensure sufficient cleared funds are in the nominated debiting account when the payments are to be drawn.
5. If the due date for payment falls on a non-working day or public holiday, the payment will be processed on the previous working day. If the Parent is in any doubt, please refer to the Point 2 for further Clarifications.
6. For returned unpaid transactions, the following procedure or policy will apply:
 - The College will contact you directly to clarify the non-payment.
7. All parent records and account details will be kept private and confidential to be disclosed only at the request of the Parent or Financial Institution in connection with a claim made to an alleged incorrect or wrongful debit.



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DIRECT DEBIT REQUEST

Customers Authority

I/We Name of Parent giving the DDR

authorise you **Parade College Bundoora** APCA User ID No. **006490**

to arrange for funds to be debited from my/our account at the Financial Institution identified below and as prescribed below through the Bulk Electronic Clearing System(BECS). This authorisation is to remain in force in accordance with the terms described in the Service Agreement.

<input type="text"/>	<input type="text"/>
Signature	Date
<input type="text"/>	<input type="text"/>
Signature	Date

Details of the Account To be Debited
(All details must be supplied)

Name of the Financial Institution	
<input type="text"/>	
Account Name	
<input type="text"/>	
BSB number	Account number
<input type="text"/>	<input type="text"/>

Payment Details

The payment is for school Fees identified by Family Code

I/We request that you debit my/our account in accordance with our Agreement and subject to one or more of the following conditions:

Maximum amount to be debited	<input type="text"/> \$ <input type="text"/>
Frequency of debit	<input type="text"/>
First payment date	<input type="text"/>
Final payment date	<input type="text"/>

I /We authorize the following:

1. The Debit User to verify the details of the abovementioned account with my/our Financial Institution.
2. The Financial Institution to release information allowing the Debit User to verify the abovementioned account details.

Signed by the Customer(s).