



Cedar College

# Direct Debit Request



DIRECT DEBIT FORM - TUITION FEES

THIS FORM ALLOWS PARENTS/CAREGIVERS TO AUTHORISE A REGULAR DIRECT DEBIT FOR PAYMENT OF TUITION FEES

Date of issue :

## CUSTOMER'S AUTHORITY

I/We (Name of Customer(s) giving the DDR) : .....

Authorise you, **CEDAR COLLEGE** (APCA User ID Number) 066893

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 (BE CS).

This authorisation is to remain in force in accordance with the terms described in the Service Agreement **SCHOOL FEES**.

Customer Signature: ..... Customer Signature: .....

## ACCOUNT DETAILS (If choosing to pay directly from your account)

DETAILS OF THE ACCOUNT TO BE DEBITED

Name of your **Financial Institution**: .....

Account Name: .....

BSB Number  Account Number .....

## CREDIT CARD DETAILS (If choosing to pay via Credit Card)

VISA  Mastercard   expires:  /

## PAYMENT DETAILS (All details below must be supplied)

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: ..... Frequency of debit: ..... (select)

FIRST payment date (dd/mm/yyyy)    - must be AFTER today's date

FINAL payment date (dd/mm/yyyy)

### OPTIONAL INCLUSION ON THE DDR AGREEMENT

I/We authorise the following:

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

Customer Signature: ..... Customer Signature: .....