

Le Fevre High School
 90 Hart Street
 SEMAPHORE SOUTH SA 5019
 Phone: (08) 8449 7004



Direct Debit Request (DDR)

Students Name: _____

Family Code: _____ Invoice No: _____

*Request and Authority to debit the account named below to pay
 Le Fevre High School (APCA ID 405-792)*

Request and Authority
 to debit

Your Surname _____

Your Given names _____ "you"

request and authorise **Le Fevre High School (APCA ID 405-792)** to arrange, through its own financial institution, a periodic debit to your nominated account in accordance with the instructions below.

Periodic Payment Amount: \$ ____ : ____

Number of Periodic Payments: _____

Frequency of Periodic Payments:

Date of First Periodic Payment: ____ / ____ / ____

Insert the name and
 address of financial
 institution at which your
 account is held

Financial institution name _____

Address _____

Insert details of account
 to be debited

Name/s on account _____

BSB number (Must be 6 digits) ____ - ____

Account number _____

This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from your account held at the financial institution you have nominated above and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.

Acknowledgement

By signing and/or providing us with a valid instruction in respect to your Direct Debit Request, you have understood and agreed to the terms and conditions governing debit arrangements between you and insert debit user name as set out in this Request and in your Direct Debit Request Service Agreement.

Insert your signature
 and address

PG 1 Name: _____

PG 1 Address: _____

PG 1 Contact: _____

PG 1 Signature: _____

Date: ____ / ____ / ____

PG 2 Name: _____

PG 2 Address: _____

PG 2 Contact: _____

PG 2 Signature: _____

Date: ____ / ____ / ____