



St Norbert College

St Norbert College  
135 Treasure Road  
QUEENS PARK WA 6107

# Direct Debit Request

NEW/AMENDMENT  
(delete one)

Request and Authority to debit the account named below to pay  
**St Norbert College**

**Request and Authority to debit**

**Your Surname or company name** \_\_\_\_\_

**Your Given names or ABN/ARBN** \_\_\_\_\_ “you”

request and authorise **St Norbert College User ID 375165** to arrange, through its own financial institution, a debit to your nominated account any amount **St Norbert College**, has deemed payable by *you*.

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 below and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.

**Insert the name and address of financial institution at which 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**                      |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|

**Frequency of Debits**

Agreed amount (      ). The first debit may be made on \_\_\_/\_\_\_/\_\_\_ and at Once off/weekly/fortnightly/monthly/quarterly/half yearly, with the Final Payment Date (optional)

**Acknowledgment**

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 the debit arrangements between you and **St Norbert College** as set out in this Request and in your Direct Debit Request Service Agreement.

**Insert your signature and address**

**Signature** \_\_\_\_\_

(If signing for a company, sign and print full name and capacity for signing eg. director)

**Address** \_\_\_\_\_

**Date**      \_\_\_ / \_\_\_ / \_\_\_

**FAMILY CODE.....**