

Bordertown High school
30 South Terrace
Bordertown SA 5268
Phone: (08) 8752 1455

LAPTOP PROGRAM 2019

Direct Debit Request (DDR)

Request and Authority to debit the account named below to pay
Bordertown High School

Request and Authority to debit

Your Surname _____

Your Given names _____ "you"

request and authorise **Bordertown High School** 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: Weekly / Fortnightly / Monthly (please circle choice)

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 _____

OR

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.

Insert details of card to be debited

Name/s on card _____

Card number _____

Expiry Date ____/____

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

Name: _____

Address: _____

Signature: _____

Date: ____/____/____

Name: _____

Address: _____

Signature: _____

Date: ____/____/____