



**Bishop Druitt College
2018 Direct Debit Authority**



PART A – Your Details

Account Reference N^o: Account Name:

Student Names: Phone Number:

Email Address:

PART B – Schedule

Per Week / Fortnight / Month / Quarter (*circle option*)

Commencing : Amount :\$..... N^o of payments:

PART C – Cheque/Savings Account or Credit Card Authorisation

I/We request you, Bishop Druitt College, to arrange for funds to be debited from my/our nominated account at the financial institution according to the Part B Schedule and in accordance with the Customer Direct Debit Authority Service Agreement.

Financial Institution:

Branch:

AccountName:

BSB No: Account Number:

Signature: Date:

Signature: Date:

If debiting from a joint bank account, both signatures are required. **OR**

I request you, Bishop Druitt College, to arrange for funds to be debited from my nominated credit card according to the Part B Schedule specified above and in accordance with the Customer Direct Debit Authority Service Agreement.

Credit Card Number (we do not accept Diners or American Express):

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Expiry Date:

M	M	/	Y	Y
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Cardholder Name:

Signature: Date:

(For terms and conditions, please refer to the Customer Direct Debit Authority Service Agreement on the Bishop Druitt College webpage under the Join Us tab)

Completed Application

Return your completed application to:

Mail: Bishop Druitt College
Finance Department
PO Box 8004
Coffs Harbour NSW 2450

Or Email: fees@bdc.nsw.edu.au

Or Fax: 02 6651 9726