Bishop Druitt College
2017 Direct Debit Authority

PART A – Your Details

Account Reference Nº : ……..…… Account Name: ……

Student Names: …… Phone Number: ……

Email Address: ……..

PART B – Schedule

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

Commencing : ..... Amount :$..... Nº 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: ……..

Account Name: ……..

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):

Expiry Date:

M	M	/	Y	Y

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 Join Us > Financial Terms)

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