

## **Direct Debit Request (DDR)**

Student name				
	First Name		Surname	
Name of custon	ner/s requesting the DDR			
Customer's Authorit	y: I/we			
funds to be debited identified below as i	through the Bulk Electronic Clearing Synstructed by me/us or any other amou	ystem (BECS) from m nts as instructed or a	I further notice in writing, to arrange for ny/our account at the Financial Institution authorised to be debited in accordance DDRSA) as amended from time to time.	
_	s the debiting of amounts payable b are's College, Canberra.	y the customer unde	er the Agreement between the	
Payment Detail	S			
Account Name:				
Name of Financial Institution:		Branch:		
BSB:	Account Nun	nber:		
Amount:		Commence	Commencement Date:	
Monthly	Fortnightly Weekly			
Note: Direct debitin	g is not available on the full range of	accounts. If in doub	ot, please refer to your bank/financial	
Customer Autho	orisation			
DDRSA attached to t account with my/ou	his request. I/we also authorise St Cla	re's College, Canberr e and for that Financi	ned by the terms of Authorisation of the ra to verify (if need be) the details of the ral Institution to release information to ils.	
Signatures				
If in joint names botl	n signatures may be required	1		
Signature:		Signature:		
Date:		Date:		
Office Use Only				
Office Use Office				
Family Code:		Date:		