



Rosebank College Direct Debit Request

For
School Fees and Charges to be paid over
10 Instalments
(THIS FORM IS DUE 3 FEBRUARY 2017)



Enquiries: Pippa: Tel: 9713 3123, email: pchan@rosebank.nsw.edu.au

Request and Authority to debit the account name below to pay Rosebank College																																															
Request and Authority to debit	Surname: _____ School Account No: _____ request and authorise <i>Rosebank College User ID 219093</i> to arrange moneys due for School Fees and Charges to be drawn under the Direct Debit System from my/our account as detailed below.																																														
Schedule	I/We would like to pay \$_____ (insert amount shown on your School Fees Statement as "Option 2 – payment over 10 instalments") starting on 17/02/2017 and ending on 17/11/ 2017.																																														
Cheque/Savings or Credit Card Authorisation	Financial institution name: _____ Address: _____ Name of account holder: _____ BSB number: _____ Account number: _____ Signature: _____ Date: _____ Signature: _____ Date: _____ If debiting from a joint bank account, both signatures are required. OR, Credit Card Number: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> Expiry Date: <table border="1"><tr><td></td><td></td><td>/</td><td></td><td></td></tr></table> Cardholder Name: <table border="1"><tr><td colspan="20"></td></tr></table> Signature: _____ Date: _____																								/																						
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Acknowledgement	By signing this Direct Debit Request you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and <i>Rosebank College</i> as set out in the Request and in your Direct Debit Service Agreement.																																														