



BRAUER COLLEGE
WARRNAMBOOL

Direct Debit Request Authority Form

Request and Authority to debit the account named below to pay
Brauer College

**Request and Authority
to debit**

Your Surname or company name _____

Your Given names or ABN/ARBN _____ "you"

request and authorise **Brauer College User ID 460581** to arrange, through its own financial institution, a debit to your nominated account any amount **Brauer College** has deemed payable by you.

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 below and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.

**Insert the name and
address of financial
institution at which
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 |_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Amount _____ Frequency _____

Start Date _____ End Date _____

Acknowledgment

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 the debit arrangements between you and **Brauer College** as set out in this Request and in your Direct Debit Request Service Agreement.

**Insert your signature
and address**

I authorise for my Direct Deposit funds to be used to pay the Parent Payment Arrangement - Curriculum Consumables, Extra-Curricular Items and Activities, Other Contributions or other financial costs attached to my account.

Signature _____

(If signing for a company, sign and print full name and capacity for signing eg. director)

Address _____

Date ____/____/____