



Guilford Young College

DIRECT DEBIT REQUEST

Request and Authority to Debit	Surname _____ Given names _____ request and authorise Guilford Young College (User ID 062370) to arrange for funds to be debited from your account at the financial institution as prescribed below through the Bulk Electronic Clearing System (BECS).
Insert the name and Address of the Financial institution at which account is held	Financial Institution _____ Address _____
Insert details of account to be debited	Name of Account: _____ BSB _____ Account No. _____
	I request that you debit my account in accordance with our Agreement and subject to one or more of the following Conditions: Maximum amount to be debited \$ _____ Frequency of debit: TWICE MONTHLY OR MONTHLY (circle one only) 7th & 21st 21st First payment date _____ Final payment date _____ Fee Account No. _____ Student name: _____
	This direct debit arrangement is to remain in place for two years unless I cancel it. I acknowledge that fees and levies will probably rise in cost each year and I authorise any necessary adjustments to this direct debit to cover these increases.
Signed by customer(s) Date	