



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 (please indicate by

WEEKLY FORTNIGHTLY TWICE MONTHLY (day 7 & 21 of month) MONTHLY

First payment date: _____

Weekly & Fortnightly are run on Fridays Monthly is run on day 21 of the month

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): _____

Dated: _____