



### Direct Debit Request Form

NEW

RETURNING

SCHOOL YEAR

STUDENT FAMILY NAME	<input type="text"/>	<input type="text"/>
STUDENT NAME	<input type="text"/>	<input type="text"/>
STUDENT NAME	<input type="text"/>	<input type="text"/>
STUDENT NAME	<input type="text"/>	<input type="text"/>

I/We request Frederick Irwin Anglican School to arrange for funds to be debited from my/our nominated bank account for the payment of School Fees and other Charges

ACCOUNT NAME	<input type="text"/>
FINANCIAL INSTITUTION	<input type="text"/>
BRANCH	<input type="text"/>
BSB	<input type="text"/>
ACCOUNT NUMBER	<input type="text"/>

OPTION A	<input type="checkbox"/>	Annual - - <b>3% Discount on Tuition Fees payable in full by 27 February</b>
OPTION B	<input type="checkbox"/>	Quarterly – Four instalments payable on 20th February, 22nd May, 21st August and 20 <sup>th</sup> November
OPTION C	<input type="checkbox"/>	Monthly – Ten instalments payable on 15 <sup>th</sup> day of each month from 15 February to 15 November
OPTION D	<input type="checkbox"/>	Fortnightly – Twenty instalments payable every second Thursday From 12th February to 5th November

I/We hereby agree to the terms of the Customer Direct Service Agreement located on our website.

**If debiting from a joint bank account, both signatures are required**

SIGNATURE/S AND DATE	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

## Credit Card Payment Request Form

NEW	<input type="checkbox"/>	RETURNING	<input type="checkbox"/>	SCHOOL YEAR
STUDENT FAMILY NAME	<input style="width: 100%;" type="text"/>			<input style="width: 100%;" type="text"/>
STUDENT NAME	<input style="width: 100%;" type="text"/>			<input style="width: 100%;" type="text"/>
STUDENT NAME	<input style="width: 100%;" type="text"/>			<input style="width: 100%;" type="text"/>
STUDENT NAME	<input style="width: 100%;" type="text"/>			<input style="width: 100%;" type="text"/>
STUDENT NAME	<input style="width: 100%;" type="text"/>			<input style="width: 100%;" type="text"/>

I/We request Frederick Irwin Anglican School to arrange for funds to be debited from my/our nominated credit card for the payment of School Fees and other Charges

TYPE OF CARD	<input type="checkbox"/>	VISA	<input type="checkbox"/>	MASTERCARD
NAME ON CARD	<input style="width: 100%;" type="text"/>			
CARD NUMBER	<input style="width: 100%;" type="text"/>			
EXPIRY	<input style="width: 150px;" type="text"/>	CSV	<input style="width: 100px;" type="text"/>	

- |          |                          |   |
|----------|--------------------------|---|
| OPTION A | <input type="checkbox"/> | Annual - -3% Discount on Tuition Fees payable in full by 28 February                                    |
| OPTION B | <input type="checkbox"/> | Quarterly – Four instalments payable on 20th February, 22nd May, 21st August and 20th November          |
| OPTION C | <input type="checkbox"/> | Monthly – Ten instalments payable on 15 <sup>th</sup> day of each month from 15 February to 15 November |

I/We hereby agree to the terms of the Customer Credit Service Agreement and agree that this authorisation remains valid until the credit card expires or an alternative payment method is nominated. It is my responsibility to notify the school of new credit card details when this credit card expires.

CARDHOLDER SIGNATURE AND DATE	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
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**Please send the completed form to [finance@fias.wa.edu.au](mailto:finance@fias.wa.edu.au).**