

# Northside Christian College

## FINANCE DEPARTMENT

### Debit Authority Form

#### Direct Debit Request Service Agreement

This is your Direct Debit Service Agreement with **Northside Christian College, User ID 066531 ABN 25057964379**. It explains what your obligations are when undertaking a Direct Debit arrangement with us. It also details what our obligations are to you as your Direct Debit provider.

Please keep this agreement for future reference. It forms part of the terms and conditions of your Direct Debit Request (DDR) and should be read in conjunction with your DDR authorisation.

#### Definitions:

- **Account** means the account held at your financial institution from which we are authorised to arrange for funds to be debited.
- **Agreement** means this Direct Debit Request Service Agreement between you and us.
- **Banking day** means a day other than Saturday or a Sunday or a public holiday listed throughout Australia.
- **Debit day** means the day that payment by you to us is due.
- **Debit payment** means a particular transaction where a debit is made.
- **Direct debit request** means the Direct Debit Request between us and you.
- **Us or We** means Northside Christian College, (the Debit User) you have authorised by requesting a Direct Debit Request.
- **You** means the client who has signed or authorised by other means the Direct Debit Request.
- **Your financial institution** means the financial institution nominated by you on the DDR at which the account is maintained.

#### 1. For all matters relating to the Direct Debit arrangements, the Client will need to:

- Call our Finance Office on (07) 3353 7314  
or
- Email our Finance Office at [mary.laidlaw@northside.qld.edu.au](mailto:mary.laidlaw@northside.qld.edu.au)  
or
- Call at the College Administration  
and
- Send written correspondence to PO Box 599, EVERTON PARK, QLD, 4053  
and
- Allow for 14 days for the amendments to take effect.

*All disputes, requests for payment changes and/or cancellations should be directed in writing to the College, rather than your Financial Institution. All communications addressed to the College should include your Account Code.*

#### 2. The Client should be aware that:

- Direct debiting through the Bank Electronic Clearing System (BECS) is not available on all accounts, and
- Account details should be checked against a recent Statement from the Financial Institution.

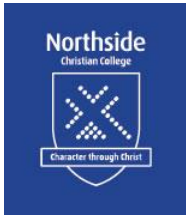
*If you are in any doubt, you should check with your Financial Institution before completing the Direct Debit Request form.*

#### 3. It is the Client's responsibility to ensure sufficient cleared funds are in the nominated account when the payments are to be drawn.

#### 4. If the due date for payment falls on a non-working day or public holiday, the payment will be processed on the next working day.

*If you are uncertain as to when a debit will be processed to your bank account, please check with your Financial Institution.*

#### 5. All client records and account details will be kept private and confidential, to be disclosed only at the request of the Client or Financial Institution in connection with a claim made to an alleged incorrect or wrongful debit.



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#### 1. Family Details

Parent Code	<input type="text"/>	Current Contact Details	
Account Name	<input type="text"/>	Phone	<input type="text"/>
Address	<input type="text"/>	Home	<input type="text"/>
	<input type="text"/>	Mobile	<input type="text"/>
		Email	<input type="text"/>

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.

#### 2. Payment Details

Payment Method	<input type="checkbox"/> Bank Account <i>(complete Section 3)</i>	<input type="checkbox"/> Credit Card <i>(complete Section 4)</i>
<input type="checkbox"/> Fortnightly	Amount \$ <input type="text"/>	
Thursday	Start date ____/____/____	
<hr/>		
<input type="checkbox"/> Monthly	Amount \$ <input type="text"/>	
Frequency:	<input type="checkbox"/> 15 <sup>th</sup> of Month	<input type="checkbox"/> 28 <sup>th</sup> of Month
	Start date ____/____/____	

#### 3. Bank Account Payments

I/We hereby authorise and request Northside Christian College to arrange for funds to be debited from my/our account.

Name of financial institution where account is held	<input type="text"/>
Name(s) of account holder(s)	<input type="text"/>
BSB No. <input type="text"/>	Account No. <input type="text"/>
Signature/s of account holder/s (If joint account, all signatures required)	<input type="text"/> Date: ____/____/____
	<input type="text"/> Date: ____/____/____

#### 4. Credit Card Payments

Card Type	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Amex
Credit Card No.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Expiry Date	<input type="text"/>	Card Security Code	<input type="text"/> (Last 3 digits next to signature)
Cardholder's Full Name as it appears on the Card	<input type="text"/>		
Cardholder's Signature	<input type="text"/>	Date:	<input type="text"/>