

SCHOOL FEE DIRECT DEBIT AUTHORITY FORM 2021

Parent Name/s:	Parent Code:
Student's Name/s:	

By signing this document, I/We authorise Archdiocesan Development Fund with Debit User Number 062782 (the Debit User), and on behalf of St Joseph's Nudgee College, to debit my/our account detailed below through the Bulk Electronic Clearing System (BECS). The College may, by prior arrangement and advice to me/us, vary the amount or frequency of future debit to my nominated bank account or credit card as follows:

<input type="checkbox"/> 48 weekly instalments (commencing Tuesday 12 January 2021)
<input type="checkbox"/> 24 fortnightly instalments (commencing Wednesday 13 January 2021)
<input type="checkbox"/> 12 monthly instalments (SELECT CYCLE: <input type="checkbox"/> 10th OR <input type="checkbox"/> 20th of month)
<input type="checkbox"/> 4 term instalments (29 Jan, 30 Apr, 30 July and 29 Oct 2021)

Please note that at the end of each term, your final payment will include all additional fees incurred and the remaining balance owing for the term, unless you have a payment agreement with the College.

BANK ACCOUNT OPTION (AUSTRALIAN ONLY)

Note: Direct debit is not available on the full range of accounts. If in doubt please refer to your Financial Institution.

- Please debit my/our nominated bank account with any charges/tuition/boarding fees as per my/our annual fee account, including any miscellaneous charges appearing during the year.
- I/We acknowledge this authority is to remain in place until cancelling in writing by me/us or the payment of all outstanding amounts with the College.

Financial Institution Name:	
Address:	
Account Name:	
BSB Number:	Account Number:
Name/s:	
Signature(s):	Date:

(Signatures of all account holders are required for joint accounts)

CREDIT CARD OPTION

- Please debit my nominated credit card with any charges/tuition/boarding fees as per my fee account, including any miscellaneous charges appearing during the year.
- I acknowledge this authority is to remain in place until cancelling in writing by me or the payment of all outstanding amounts with the College.
- This authority shall stand, in respect of the below specified card and in respect of any card issued to me in renewal or replacement thereof, until I notify the merchant in writing of its cancellation.

Card Type: <input type="checkbox"/> Mastercard <input type="checkbox"/> VISA	Expiry Date:	CCV:
Credit Card Number:		
Name on Card:		
Signature:	Date:	



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A Catholic School in the Edmund Rice Tradition

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