



DIRECT DEBIT REQUEST



Request to pay School Fees via **BPOINT** direct debit

The College's preferred method of school fee payment is direct debt from cheque/savings/credit card accounts. To assist families WE can make these deductions on either a weekly, fortnightly or monthly basis. The fees calculation has been based on Year 7 first child and divided equally for the payment method chosen.

To enable the College to execute these transactions, please complete and return this form

Family Full Name: _____

School Account Number: _____

Names Students Attending:

1.	2.
3.	4.

Contact phone number: _____

Email address: _____@_____

Please return your completed form by **31/01/2018** to
Fee Office

Request and Authority to Debit	<p>I / We (Full name/s) _____ request and authorise St Dominic's College Kingswoods User ID 498586 to arrange, through its own financial institution, for funds to be charged/debited from my/our account at the financial institution identified below and for the prescribed amount, through the Bulk Electronic Clearing System (BECS) and paid to St Dominic's College Kingswood in accordance with the Direct Debit Request Service Agreement (DDRSA) being for the payment of school fees.</p> <p><i>(Copy of the DDRSA is available on College web site)</i></p>
Acknowledgement	<p>By signing this Direct Debit Authority you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and St Dominic's College Kingswood as set out in this Request and in your Direct Debit Request Service Agreement (DDRSA).</p>
Privacy Statement	<p>The personal information collected in this form is necessary to enable the College to make arrangements to put in place your requested fee payment method. This personal information will not be used by the College for any other purpose.</p>

OPTION: 1**Payment and Frequency Details*** Please select **ONE** of the following payment options*Below amounts have been calculated on first child | Annual Fee | Yr 7 2018 only.***Please tick an option**

Option 1	Option 2	Option 3
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monthly	Fortnightly	Weekly
10	22	44
\$ _____	\$ _____	\$ _____
28 Feb 2018	9 Feb 2018	2 Feb 2018

Frequency

Number of Debits

Debit Amount

First Payment Date

OR**OPTION: 2****Payment Variation Details**

If you have older siblings attending simultaneously, nominate your fixed payment amount and frequency preference here. Refer to 2018 Fee Schedule.

I / We request the College debit \$ each (select frequency) Commencing on ____/____/2018. *If you require assistance please contact the Fee Office.***Cheque or Savings Account to be Debited**

Financial Institution Name: _____

Branch: _____

Account Name (both names if joint a/c): _____

BSB number: - Account number: **OR****Credit Card to be Debited**Select Card Type: **VISA**

Name on Card: _____

Card number:

Card Expiry: ____ / ____

Please e-mail fees@stdominics.nsw.edu if any changes to your account occur throughout the school year.

Declaration*(if debiting a joint account, please have both account holders sign here)*

I / We authorise the following:

- I hereby authorise the St Dominic's College Kingswood to debit the above account. This authority shall stand, in respect of the above specified account issued to me in renewal or replacement thereof, until I notify the College in writing of its cancellation.
- The debit User to verify the details of the abovementioned account with my/our financial institution;
- The financial institution to release information allowing the Debit User to verify the abovementioned account details.

Print Name(s): _____

Signature(s): _____

Date: ____ / ____ / 20____

FLEXIBLE **BPAY** PAYMENT PLAN ADVICE



If you have chosen this option to pay your Fee account via BPay, to assist you, we have calculated below the payment amounts for your preferred payment frequency.

NOTE - You are required to set up this option via **YOUR** Bank by 29th January so the first payment will occur by 2nd February, 2018.

Family Full Name: _____
 School Account Number: _____
 Names Students Attending:

1.	2.
3.	4.

Contact phone number: _____
 Email address: _____@_____

**Contact Fee Office if you have older siblings attending simultaneously as this calculation will vary.*

Please select from the following payment options

Payment and Frequency Details	Please tick an option <input checked="" type="checkbox"/>	Option 1	Option 2	Option 3
		Frequency	<input type="checkbox"/>	<input type="checkbox"/>
Number of Debits		Monthly 10	Fortnightly 22	Weekly 44
* Debit Amount		\$ _____	\$ _____	\$ _____
First Payment Date		28 Feb 2018	09 Feb 2018	02 Feb 2018
Last Payment Date		28 Nov 2018	30 Nov 2018	30 Nov 2018

Signed By Family

Print Name(s): _____
 Signature(s): _____
 Date: ___ / ___ / 20___

Please return this form to the Fee Office so we can note your account with your payment method.