Rosebank College Direct Debit Request

For
School Fees and Charges to be paid over
10 Instalments
(THIS FORM IS DUE 3 FEBRUARY 2018)

Enquiries: Pippa: Tel: 9713 3123, email: fees@rosebank.nsw.edu.au

Request and Authority to debit the account name below to pay Rosebank College	
Request and Authority to debit	Surname: _____ School Account No: _____ request and authorise *Rosebank College User ID 219093* to arrange moneys due for School Fees and Charges to be drawn under the Direct Debit System from my/our account as detailed below.
Schedule	I/We would like to pay $_____ (insert amount shown on your School Fees Statement as "Option 2 – payment over 10 instalments") starting on 17/02/2018 and ending on 17/11/ 2018.
Cheque/Savings or Credit Card Authorisation	Financial institution name: _____ Address:_____ Name of account holder: _____ BSB number: _____ Account number: _____ Signature: _____ Date: _____ Signature: _____ Date: _____ If debiting from a joint bank account, both signatures are required. **OR**, Credit Card Number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Expiry Date: ☐☐/☐☐ Cardholder Name: ☐ Signature: _____ Date: _____
Acknowledgement	By signing this Direct Debit Request you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and *Rosebank College* as set out in the Request and in your Direct Debit Service Agreement.