



JOHN PAUL COLLEGE
WITH HIM IS THE FULLNESS OF LIFE

Office Use Only:
Debtor Name:

Debtor ID:

Date Processed:

Direct Debit Authority

Please return to the Finance Office (Main Office Gate 5) by Friday 2nd December 2016

I/We have read the Client Service Agreement on the College website outlining the payment of school fees by direct debit and I/we understand the conditions and responsibilities as set out in that document.

I/We hereby authorise John Paul College to continue debiting my/our bank account/credit card ongoing for the express and sole purpose of the payment of my/our school fees, until a new direct debit authority is supplied.

Fortnightly* OR Monthly*

(Please indicate method of payment with a ✓)

Direct Debit from Bank Account

Bank Name:

Account Name:

BSB: _ _ _ / _ _ _

Account Number:

OR

Direct Debit from Credit Card (Mastercard or Visa only)

Card No:	□ □ □ □	□ □ □ □	□ □ □ □	□ □ □ □
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Expiry Date:	□ □	/	□ □
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Cardholder name: (Please Print)

Cardholder signature:

***Payment dates as per attached schedule. Should my/our account be in arrears or a payment fail to be made, then I/we authorise the school to continue to debit my/our account until all monies due to John Paul College have been paid.**

Parent Full Name:..... Phone:

Student/s Name/s:

Address:

Signature: Date: