

*Direct Debit Authority*

**Please return to the Finance Office (Main Office Gate 5) by 7<sup>th</sup> December 2018**

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.

Annual  Fortnightly\* Monthly  Quarterly\*

(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 Number:                

Expiry Date:     /

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 \_\_\_\_\_

Email for Fee Statements: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_