



**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 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 No:	□ □ □ □	□ □ □ □	□ □ □ □	□ □ □ □
----------	---------	---------	---------	---------

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: .....