



PROVIDENCE CHRISTIAN COLLEGE

SOUTHERN RIVER, WESTERN AUSTRALIA

Providence Christian College

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Western Australia 6110

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www.providence.wa.edu.au

ABN: 42 983 626 009 | CRICOS: 02396C

Direct Debit Request

I/We

Title	Given Name	Surname

Title	Given Name	Surname

Address

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Name of Student/s

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Email Address

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authorise and request Providence Christian College Inc. (User ID 125132) ("Debit User"), until further notice in writing, to arrange for my/our account as described in the below to be debited as specified below, provided that if no amount is specified, the account may be debited with any amounts which I/we must pay to the Debit User under the arrangement between me/us and the Debit User referred to below:

Frequency

Fortnightly Monthly Annual

Bank Account in the Name(s) of:

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Financial Institution Name	Financial Institution Address

BSB (6 digits)	Account Number
<input type="text"/>	<input type="text"/>

OR

Visa/MasterCard in the name of:

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Card Number (16 Digits)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Visa MasterCard Expiry Date

ACKNOWLEDGEMENT

I/We have read the direct debit Request Service Agreement attached and agree to its terms. I/We authorise and requested that this Direct Debit Request remain in force until cancelled, deferred and otherwise altered in accordance with the Direct Debit Request Service Agreement. I/We confirm the account details set out above are correct and that this Direct Debit request is signed by the number of authorised signatories required by the financial institution where my/our account is held.

Customer's Signature

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Date

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Customer's Signature

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Date

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