



Direct Debit Request (DDR)

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 Tuesday's
 Fortnightly Friday's
 Monthly 10th of month
 Monthly 25th of month
 Annual

Commencement Date Direct Debit

(select from date schedule)

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Bank Account in the Name(s) of

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Financial Institution Name	Financial Institution Address

BSB (6 digits)	Account Number																					
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OR Visa/MasterCard in the name of:

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Card Number (16 Digits)

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Visa
 MasterCard
 Expiry Date

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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.

Signature

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Date

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Signature

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Date

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