

Authority Number

CCF School Account No.

DIRECT DEBIT REQUEST

Request to Debit Account

ON BEHALF OF SCHOOL.

YOUR DETAILS

Given name(s) Surname

Work phone number Mobile phone number

Address

 (Postcode)

REQUEST AND AUTHORITY TO DEBIT

Catholic Community Fund ID Number 025223 may debit and/or charge any amount through the Bulk Electronic Clearing System (BECS), from the account nominated on this form. Each debit or charge must be effected according to the Service Agreement.

DETAILS OF FINANCIAL INSTITUTION

Name and address of financial institution

 (Postcode)

PAYMENT DETAILS

School Name Suburb

Student Names

Given name(s) Surname

DETAILS OF ACCOUNT TO BE DEBITED

Account in the name of:

BSB number

Account number

Amount \$

Frequency
(Monthly, fortnightly, Weekly)

First payment date

Until further notice ☐

Final payment date

School Reference
(OFFICE USE ONLY)

SIGNATURE(S)

Before signing this section, please read the Service Agreement on the reverse. Your signature below will indicate you accept the terms of the Service Agreement and confirm that the details on this form have been checked and are correct.

If a joint account, please have all account holders sign. If the account is held by a company secretary, please have one director and the company secretary each sign.

If you are signing for and on behalf of another person or entity, please state the capacity in which you sign, in the signature box below.

Signature 1

 OR

Date

Signature 2

 OR

Date

Direct Debit Request Service Agreement

DEFINITIONS

account means the account held at your **financial institution** from which we are authorised to arrange for funds to be debited.

agreement means the Direct Debit Request Service Agreement between you and us, including the direct debit request.

business day means a day other than a Saturday or a Sunday or a listed public holiday.

debit day means the day that payment is due.

debit payment means a particular transaction where a debit is made, according to your direct debit request.

direct debit request means the Direct Debit Request between us and you.

us and **we** and **our** means the Catholic Community Fund.

you means the customer(s) who signed the **direct debit request**.

your financial institution is the financial institution where you hold the account that you have authorised us to arrange to debit.

1. DEBITING YOUR ACCOUNT

By signing a **direct debit request**, you have authorised **us** to arrange for funds to be debited from **your account** according to the **agreement we** have with **you**.

We will only arrange for funds to be debited from your account:

- as authorised in the **direct debit request**;

If the **debit day** falls on a day that is not a business day, **we** may direct your **financial institution** to debit your account on the following or previous business day. If **you** are unsure about which day **your account** has or will be debited, please check with your **financial institution**.

2. CHANGES BY YOU

If you wish to stop or defer a debit payment you must write to us at least 5 business days before the next debit day. This notice should be given to us in the first instance.

3. CHANGES BY US

The CCF will provide you with not less than 30 days' notice if there is a variation to any of the debit arrangements.

4. YOUR OBLIGATIONS

It is your responsibility to ensure that there are sufficient clear funds available in your account to allow a debit payment to be made.

If there are insufficient clear funds available in your account to meet a debit payment:

- **you** or **your account** may be charged a fee and/or interest by your **financial institution**;

- **you** or **your account** may be charged a fee to reimburse **us** for charges we have incurred for the failed transaction;
- **you** must arrange for the payment to be made by another method.

Please check your account statement to verify that the amounts debited from your account are correct.

5. DISPUTE

If **you** believe that there has been an error in debiting your account you should call **us** on 4979 1160 and confirm the details in writing with **us** as soon as possible so that **we** can resolve **your** query quickly.

6. ACCOUNTS

You should check:

- with **your financial institution** whether direct debiting is available from **your account** as direct debiting is not available on all accounts offered by financial institutions.
- **your account details** which **you** have provided to us are correct by checking them against a recent account statement; and
- with **your financial institution** before completing the direct debit request if you have any queries about how to complete the **direct debit request**.

Warning: if the account number you have quoted is incorrect, **you** may be charged a fee to reimburse our costs in correcting any deductions from:

- an account **you** do not have authority to operate; or
- an account **you** do not own.

7. CONFIDENTIALITY

We will keep any information (including **your account** details) in **your direct debit request** confidential. **We** will make reasonable efforts to keep any such information that **we** have about **you** secure and to ensure that any of **our** employees or agents who have access to information about **you** do not make any unauthorised use, modification, reproduction, or disclosure of that information.