

CONDITIONAL DIRECT DEBIT REQUEST

By signing this document, I/we authorise **Summerland Christian Life Centre Limited – School** (ABN 65 001 562 509), Debit User Number 120147, the Debit User, to debit my/our account, detailed in the Schedule below, with any amount, through the Direct Debit System which I/we must pay when due under the arrangement between us and in accordance with the College's Direct Debit Policy.

This authority is to remain in force until the Final Payment Date specified or further notice if no Final Payment Date is specified.

The Schedule

Financial Institution Name _____

Address _____

Account Title _____

BSB Number

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Account Number

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Maximum Debit Amount \$ _____

Frequency Of Debits _____

First Payment Date _____

Payment Details _____

Customer Signature _____

Date: ____ / ____ / ____

CONDITIONAL DIRECT DEBIT REQUEST CREDIT CARD

By signing this document, I/we authorise **Summerland Christian Life Centre Limited – School** (ABN 65 001 562 509), Debit User Number 120147, the Debit User, to debit my/our account, detailed in the Schedule below, with any amount, through the Direct Debit System which I/we must pay when due under the arrangement between us and in accordance with the College's Direct Debit Policy.

This authority is to remain in force until the Final Payment Date specified or further notice if no Final Payment Date is specified.

The Schedule

Financial Institution Name _____

Address _____

Name on Card _____

Expiry Date - **Card Type** _____

Card Number

Maximum Debit Amount \$ _____

Frequency Of Debits _____

First Payment Date _____

Payment Details _____

Customer Signature _____

Date: ____ / ____ / ____