



2020 DIRECT DEBIT AUTHORISATION School Fees

Student Name/s: _____

I, _____ (the fee payer) request and authorise St Alipius Parish School (Identification Number 130255) to arrange for any amount St Alipius Parish School may debit or charge me, to be debited through the Bulk Electronic Clearing System, from an account held at the financial institution identified below and any further instructions provided below.

Bank Details: Bank Name: _____

Account Details: Account Name: _____

Account Number: _ _ _ _ _

BSB: _ _ _ - _ _ _

I acknowledge that by signing this Direct Debit Request I acknowledge having read and understood the terms and conditions governing the debit arrangements between myself and St Alipius Parish School as per the St Alipius School Fee Policy.

☐ ongoing fortnightly payments of \$ _____

Commencing on _____

☐ ongoing monthly payments of \$ _____

Commencing on _____

☐ One off payment \$ _____ Date ____/____/____

Signed (fee payer): _____

Date: ____/____/____

Office use:-

Processed: ____/____/____

Processed: / /