

Name of student(s):

Please complete and return this form to the Accounts Department

20 Wattle Valley Rd, Belgrave Heights Email: <a href="mailto:accounts@bhcs.vic.edu.au">accounts@bhcs.vic.edu.au</a>

Phone: (03) 9754 6435

# **Direct Debit Request Form (DDR)**

### **Authorisation Agreement**

Please read the Conditions (next page) and complete this form and print in BLOCK LETTERS. Return the completed form to Belgrave Heights Christian School, Accounts Department.

Once we have received and process your form, as long as it has been completed correctly, the first direct debit will apply to the account nominated below. An email will be sent to you to confirm your Direct Debit payment details prior to any payment being deducted.

Contact Name:    Billing Address:	I/We request you my/our nominate															c aco		
Contact Email:  Complete EITHER Section 1 or Section 2  SECTION 1 — Details of bank account to be debited  Name of Financial Institution:  Account Holder's Name(s):  BSB Number   Account Number   Account is a great and in respect of the direct debit to be made to the above account on Fridays at the frequency selected below   Please arrange for the direct debit to be made to the above account on Fridays at the frequency selected below   Annually  SECTION 2 — Details of credit card account to be debited on 20th month (or next business day thereafter)  Name of cardholder(s) as on the card:  Credit Card Number   Institution:  Credit Card Type:   Visa   Mastercard   Visa   Mastercard   Viva   Visa   Visa	Contact Name: _																	
SECTION 1 - Details of bank account to be debited  Name of Financial Institution:  Address of Financial Institution:  Account Holder's Name(s):  BSB Number	Billing Address: _																	
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Account Holder's Name(s):    BSB Number	Name of Financia	l Institutio	n:															
Account Number    Account Number   Accou	Address of Financ	cial Institu	tion:															
I/We authorise and request Belgrave Heights Christian School [User ID 253790], to arrange for any amounts which become payat in relation to the account nominated to be debited from the nominated bank account listed above. We agree to the terms of the Direct Debit Conditions (next page).    Direct Debit Frequency - Fridays only	Account Holder's	Name(s):																
Direct Debit Frequency – Fridays only  Commencing:   Immediately   On the following date   /   /   /    Please arrange for the direct debit to be made to the above account on Fridays at the frequency selected below    Weekly   Fortnightly   Monthly – 20 <sup>th</sup> of the month   Quarterly   Annually  SECTION 2 – Details of credit card account to be debited on 20 <sup>th</sup> month (or next business day thereafter)  Name of cardholder(s) as on the card:  Credit Card Number   Visa   Mastercard   CVN   Expiry Date   /    Credit Card Type:   Visa   Mastercard   CVN   Signature of cardholder:  I/We authorise and request Belgrave Heights Christian School [User ID 253790] ABN 54 139 936 715, to arrange for any amounts which become payable in relation the School's fees and charges, to be debited through the credit card listed above. This authority will stand in respect of the specified card and in respect of any card issued to me in renewal or replacement, until I notify Belgrav Heights Christian School of its cancellation. I/We agree to the terms of the Direct Debit Conditions (next page).  Authorisation Signatures  I/We agree to the terms of the Direct Debit Conditions (next page) and authorise Belgrave Heights Christian School [User ID 2537 to debit the nominated bank account outlined in Section 1 above or the credit card outlined in Section 2 above. (if direct debit is from a joint account requiring both signatures, please include these)	BSB Number					Accou	ınt Nur	nber										
Commencing:   Immediately   On the following date   /   /	in relation to the	account n	ominated															
Please arrange for the direct debit to be made to the above account on Fridays at the frequency selected below    Weekly					Direct	Debit Fı	equen	cy – Fri	days	only								
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Credit Card Type:  Visa  Mastercard	Name of cardholo	der(s) as o	n the card	d:														
Signature of cardholder:  I/We authorise and request Belgrave Heights Christian School [User ID 253790] ABN 54 139 936 715, to arrange for any amounts which become payable in relation the School's fees and charges, to be debited through the credit card listed above. This authorit will stand in respect of the specified card and in respect of any card issued to me in renewal or replacement, until I notify Belgrav Heights Christian School of its cancellation. I/We agree to the terms of the Direct Debit Conditions (next page).  Authorisation Signatures  I/We agree to the terms of the Direct Debit Conditions (next page) and authorise Belgrave Heights Christian School [User ID 2537 to debit the nominated bank account outlined in Section 1 above or the credit card outlined in Section 2 above. (if direct debit is from a joint account requiring both signatures, please include these)	Credit Card Numl	per		-		-			-			Ex	piry D	ate			/	
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Print Name(s):			ì															

## **Customer Service Direct Debit Request Service Agreement Conditions**

This is your Direct Debit Request Service Agreement with Belgrave Heights Christian School [User ID 253790] ABN 54 139 936 715. It explains what your obligations are when undertaking a Direct Debit arrangement with us. It also details what our obligations are to you as your Direct Debit provider.

Please keep this Agreement for future reference. It forms part of the terms and conditions of your Direct Debit Request (DDR) and should be read in conjunction with your DDR authorisation.

#### DEFINITIONS

- "Account" means the account held at Your Financial Institution from which We are authorised to arrange for funds to be debited.
- "Agreement" means this Direct Debit Request Service Agreement between You and Us.
- "Banking Day" means a day other than a Saturday or a Sunday or a public holiday listed throughout Australia.
- "Debit Day" means the day that payment by You to Us is due.
- "Debit Payment" means a particular transaction where a debit is made.
- "Direct Debit Request" means the Direct Debit Request between Us and You.
- **"Us or We"** means Belgrave Heights Christian School, (the Debit User) You have authorised by requesting a Direct Debit Request.
- "You" means the customer who has signed or authorised by other means the Direct Debit Request.
- **"Your Financial Institution"** means the financial institution nominated by You on the DDR at which the account is maintained.

#### 1. DEBITING YOUR ACCOUNT

- 1.1. By signing a Direct Debit Request or by providing Us with a valid instruction, You have authorised Us to arrange for funds to be debited from your Account. You should refer to the Direct Debit Request and this Agreement for the terms of the arrangement between Us and You.
- 1.2. We will only arrange for funds to be debited from your Account as authorised in the Direct Debit Request OR
  - We will only arrange for funds to be debited from your Account if We have sent to the email address nominated by You in the Direct Debit Request, a billing advice which specifies the amount payable by You to Us and when it is due.
- 1.3. If the Debit Day falls on a day that is not a Banking Day, We may direct Your Financial Institution to debit your Account on the following Banking Day. If You are unsure about which day your Account has or will be debited You should contact us or ask Your Financial Institution.

## 2. AMENDMENTS BY US

2.1. We may vary any details of this Agreement or a Direct Debit Request at any time by giving You at least fourteen (14) days written notice.

### 3. AMENDMENTS BY YOU

3.1. You may change, stop or defer a Debit Payment, or terminate this Agreement by providing Us with at least three (3) days notification by emailing accounts@bhcs.vic.edu.au or, by telephoning Us on 9754 6435 during business hours.

## 4. YOUR OBLIGATIONS

4.1. It is your responsibility to ensure that there are sufficient clear funds available in your Account to allow a Debit Payment to be made in accordance with the Direct Debit Request.

- 4.2. If there are insufficient clear funds in your Account to meet a Debit Payment:
  - 4.2.1. You may be charged a fee and/or interest by Your Financial Institution;
  - 4.2.2. You may also incur fees or charges imposed or incurred by Us; and
  - 4.2.3. You must arrange for the Debit Payment to be made by another method or arrange for sufficient clear funds to be in your Account by an agreed time so that We can process the Debit Payment
  - 4.3. You should check your Account statement to verify that the amounts debited from your Account are correct.

#### 5. DISPUTE

- 5.1. If You believe that there has been an error in debiting your Account, You should notify Us directly by email at <a href="mailto:accounts@bhcs.vic.edu.au">accounts@bhcs.vic.edu.au</a> or by phone on (03) 9754 6435 as soon as possible so that We can resolve your query.
- 5.2. If We conclude as a result of our investigations that your Account has been incorrectly debited We will respond to your query by arranging for Your Financial Institution to adjust your Account (including interest and charges) accordingly. We will also notify You in writing of the amount by which your Account has been adjusted.
- 5.3. If We conclude as a result of our investigations that your Account has not been incorrectly debited We will respond to your query by providing You with the reasons and any evidence for this finding in writing.

### 6. ACCOUNTS

- 6.1. You should check:
  - 6.1.1. 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.
  - 6.1.2. your Account details which You have provided to Us are correct by checking them against a recent account statement; and
  - 6.1.3. with Your Financial Institution before completing the Direct Debit Request if You have any queries about how to complete the Direct Debit Request.

## 7. CONFIDENTIALITY

- 7.1. We will keep any information (including your Account details) in your Direct Debit Request confidential.
- 7.2. We will make reasonable efforts to keep any information provided to Us in the Direct Debit Request secure 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.
- 7.3. We will only disclose information that we have about
  - 7.3.1. to the extent specifically required by law; or
  - 7.3.2. for the purposes of this Agreement (including disclosing information in connection with any query or claim).
  - 7.3.3. as per the Privacy Policy listed on our website.

## 8. NOTICE

- 8.1. If You wish to notify Us in writing about anything relating to this Agreement, You should email <a href="mailto:accounts@bhcs.vic.edu.au">accounts@bhcs.vic.edu.au</a>
- 8.2. We will notify You by sending a notice via email to the address You have given Us.