PAYMENT NOMINATION FORM

FLINDERS
CHRISTIAN COMMUNITY COLLEGE
Hope & Purpose through Christian Education

Debtor ID:

Family Name _____

Address _____

Student/s Name _____

SELECTED PAYMENT METHOD & FREQUENCY

(Please tick one payment frequency and one payment method)

Payment Frequency	**ANNUALLY**	**QUARTERLY**	**MONTHLY**	**FORTNIGHTLY**
Payment Method	BPAY or CHQ ☐	BPAY or CHQ ☐	Direct Debit only ☐	Direct Debit only ☐
	Direct Debit ☐	Direct Debit ☐		

Please Note: *Accounts are due to be finalised by no later than 1st November unless prior and mutually acceptable payments arrangements have been made with the Finance Supervisor or Head of Finance. This arrangement is for the current school year unless otherwise indicated.*

Authorisation to direct debit bank account

I/We _____

authorise Flinders Christian Community College APCA User ID Number 069403 to:

1. Verify the details of my/our account as listed below with my/our financial institution.
2. Arrange funds to be debited from my/our account at the financial institution identified below and as prescribed below through the Bulk Electronic Clearing System (BECS).
3. Debit my/our account in accordance with the Direct Debit Request Service Agreement and subject to the following conditions.
4. Debit my School Fees account with a $20-00 Administration Fee if my payment is dishonoured by my bank.
   The maximum amount to be debited will not exceed the amount applicable for me as stated in the College's current fee schedule which will be sent to all parents before the 1st December each year, as well as taking into account the frequency of my/our debit and allowing for any amount that is in arrears or other terms as agreed in writing.

Amount $_____ Start date _____

Details of the Account to be debited:

Account Name: _____

BSB No.				------				Account No.									

Authorising Signatures on Account

By signing this Direct Debit Request you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and Flinders Christian Community College as set out in this Request and your Direct Debit Client Service Agreement.

_____ _____

Date: / / (Joint accounts require both signatures) Date: / /