



ST THOMAS SCHOOL AND PRESCHOOL

FAITH FAMILY FUTURE

DIRECT DEBIT REQUEST

Request and Authority to debit the account named below to pay St Thomas School and Preschool

REQUESTOR'S DETAILS	
SURNAME	GIVEN NAME
ADDRESS	
EMAIL	
PHONE	
CREDIT / DEBIT CARD - OPTION 1	
NAME OF CARDHOLDER	
CARD NUMBER	
EXPIRY DATE	
BANK ACCOUNT - OPTION 2	
ACCOUNT NAME	
BSB NUMBER	
ACCOUNT NUMBER	
PAYMENT DETAILS	
AMOUNT	\$
FREQUENCY	Date of first debit/...../..... Date of last debit/...../..... Leave date of last debit blank if payment is ongoing. Debits to be made at the following intervals: (please indicate) Weekly Fortnightly Monthly Per Term
REQUEST AND AUTHORITY TO DEBIT	
I request and authorise St Thomas School and Preschool to debit my account as detailed above and to pay my child's school fees. This authority remains in force until such time that I provide written instruction to amend or cancel this authority.	
SIGNATURE _____	DATE _____