



SIKH GRAMMAR SCHOOL AUSTRALIA

Direct Debit Request Form (DDR)

CUSTOMERS AUTHORITY

I/We (Customer/Company Name) _____ ABN _____
(Business only)

Of _____ Suburb _____ State _____ Post Code _____

Home Phone _____ +Mobile _____ Email _____

authorise and request the Sikh Grammar School Australia APCA User ID number 403429 to arrange for funds to be debited through the Bulk Electronic Clearing System (BCS) from my/our account at the Financial Institution Identified below as instructed by me/us or any other amounts as instructed or authorised to be debited in accordance with the terms and conditions of the Direct Debit Request Service Agreement (DDRSA) as amended from time to time and instructed below.

PAYMENT DETAILS

This authority allows the debiting of amounts payable by the Customer under the Agreement between the Customer and the Sikh Grammar School Australia

Amount to be debited (\$): () 400 () 200 () 100 () 75 () 50 () 40 () 30 () 20 () 10 other _____

Weekly () Fortnightly () Monthly () Other _____

DETAILS OF THE ACCOUNT TO BE DEBITED (All details must be supplied)

Name of Financial institution _____ Branch name _____

Account Name in full _____

BSB number _____ Account Number _____

Note: Direct debiting is not available on the full range of accounts. If in doubt, please refer to your bank/financial institution.

CUSTOMER AUTHORISATION (If in joint name/s both signatures may be required)

By signing below, I/we acknowledge that this Direct Debit arrangement is governed, by the terms of authorisation of the DDRSA attached to this request. I/we acknowledge that I/we have read and understood them.

Signature _____

Signature _____

Date _____

Date _____

ID type: driving licence/passport No. _____ ID verified by: (name) _____ Signatures _____

CREDIT/ DEBIT CARD AUTHORISATION

Card type () Visa () Master Card () Other _____

Card Number _____

Card Holder Name _____ Card Expiry Date _____

I hereby authorise Sikh Grammar School Australia to debit my credit/debit card account the amount at the intervals specified above. This authority shall stand in respect of the above specified card and in respect of any card issued to me in renewal or replacement hereof, until I notify Sikh Grammar School Australia in writing of its cancellation.

Signature of the card holder _____ Date _____

Postal address:

PO BOX 485, KINGS LANGLEY POST OFFICE
KINGS LANGLEY 2147 NSW,

Phones: 61-422 315 749, 61-401 146 460

Website: www.sikhgrammar.com Email: info@sikhgrammar.com

Donations \$2 or more are Tax deductible in Australia

Regd Office:

4/681 Pitt Water Road
Dee Why NSW 2099