



Direct Debit Request

Please complete and return to St Andrew's Cathedral School, Sydney Square, Sydney, NSW 2000 or email to accounts@sacs.nsw.edu.au

Details of Applicant

Surname: _____
 First name: _____
 Daytime Phone Number: _____
 Account ID: _____

Address: _____

Account Payment – Option A or Option B (tick one only)

Option A - Full payment per term by Direct Deposit

The Tuition Fees can be paid on a term's basis and are due within 14 days of the date of invoice. Invoices will also include sundry costs and other charges. A late fee will be charged if the account is not settled by the due date.

Please select voluntary payments (billed equally over 4 terms or 3 terms for Year 12):

1. Building Fund: Yes No \$700 or \$ _____ 2. Sickness Refund Scheme: Yes No

Option B - Instalments by Direct Debit From February to November

Please debit my/our selected bank account/credit card with: (All instalments commencing 1 February)

Weekly (40 payments per annum) = \$ _____ per week
 Fortnightly (20 payments per annum) = \$ _____ per fortnight
 Monthly (10 payments per annum) = \$ _____ per month

Please select voluntary payments (billed equally over 4 terms or 3 terms for Year 12):

1. Building Fund: Yes No \$700 or \$ _____ 2. Sickness Refund Scheme: Yes No

Note: The School will, on a quarterly basis, make an additional debit to cover any sundry costs and other charges.

A \$25 administration fee will be charged to your account each time your financial institution rejects an attempt by us to debit your account.

Direct Debit Request / Authority – Option A or Option B (select one only)

I/We, _____, request and authorise St Andrew's Cathedral School to transfer funds from the account at the financial institution identified by the details I/we have provided, as prescribed through the Bulk Electronic Clearing System. This authorisation is to remain in force in accordance with the terms and conditions of the Direct Debit Request Service Agreement and any further instructions provided on this form..

A Direct Debit

Name of Financial Institution: _____
 Branch: _____
 Account Name: _____
 BSB: Acc No:

B Credit Authority

Credit Card No:
 Exp: CCV:

Signature: _____ Date: _____