



2019 Customer Direct Debit Request Authority

Request and Authority to debit the nominated facility below to pay The Uniting Church in Australia Property Trust represented by The Lakes College. ABN 61 344 805 430.

Your College Account Reference:	College School Fee Account Number: _____ (Parent Code)																							
Request and Authority to debit:	Surname or Company Name: _____ Given names or ACN/ARBN: _____ ("you") Request and authorise The Uniting Church in Australia Property Trust (Q.) (User ID: 362 257) to arrange for funds to be debited from my/our nominated account or credit card facility at the financial institution shown below according to the schedule specified below.																							
Name and Address of Financial Institution where account is held:	Name of Financial Institution: _____ Branch Address: _____																							
OPTION 1: BANK ACCOUNT Account details to be debited:	Name of Account: _____ BSB Number: <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr></table> - <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr></table> Account Number: <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr></table>																							
OPTION 2: CREDIT CARD Credit Card details to be debited:	Name on Credit Card: _____ Credit Card Number: <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr></table> - <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr></table> - <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr></table> - <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr></table> Expiry Date: <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr></table> / <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr></table> CCV: <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr></table> (3 digit security code on back of credit card) Card Type (please tick) <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa																							
Acknowledgement:	By signing this Direct Debit Request you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and The Uniting Church in Australia Property Trust (Q.), as set out in this Request and in your Customer Direct Debit Request Service Agreement. A fee of \$9.00 will be charged to your College fee account per any dishonour / rejection (including an expired card). Any rejected or dishonoured payments must be paid in full before the next scheduled direct debit. The College reserves the right to increase or decrease your direct debit instalments to ensure that your account will be paid in full by the end of the 2019 academic year.																							
Payment Details:	Commencing on / / 2019 Please refer to your Direct Debit Payment Schedule for the next scheduled direct debit date and note that any changes to drawing arrangements require 3 (three) full working days notice via telephone prior to the scheduled payment date. Please debit: \$..... per Week / Fortnight / Month (Please select one)																							
Insert your signature and address:	Postal Address: _____ Signature1: _____ Signature 2: _____ Date: __/__/__ (If signing for a company sign and print full name and capacity for signing .e.g. Director).																							

College Use Only:	Date Received:		Parent Type:		Parent Diary:		Entered in Westpac:		DD Amt:		S/G:		Address:	
Canc DD:	Date Received:		Parent Type:		Parent Diary:		Removed from Westpac							