**ST AUGUSTINE'S PRIMARY SCHOOL**
**DIRECT DEBIT AUTHORITY FOR BANK ACCOUNT OR CREDIT CARD**

**Request and Authority to debit the Account named below to pay St Augustine's Primary School**

**Request and Authority to Debit**

**Account Name (from invoice)** _____

**Option 1:**

**Bank Account**

**Financial Institution Name** _____

**Account Name** _____

**BSB number** |___|___|___| - |___|___|___|

**OR**

**Account number** |___|___|___|___|___|___|___|___|___|

**Option 2:**

**Credit Card**

**Credit Card Type** ☐ Visa ☐ MasterCard

**Name on Card** _____

**Credit Card No.** |___|___|___|___| |___|___|___|___| |___|___|___|___| |___|___|___|___|

**Expiry Date** |___|___| / |___|___|

When your credit card expires, please ensure you contact the Finance Team to advise your new expiry date.

**Payment Details**

Amount to be debited per payment: $ |___|___|___|___|___| - |___|___|

| | Frequency | First debit date<br>Start Date |
|---|---|---|
| ☐ | Weekly/Fridays | 13th February<br>36 weeks |
| ☐ | Fortnightly/Fridays | 20th February<br>18 fortnightly payments |
| ☐ | Monthly 28th | 28th Feb to 28th October 2026<br>9 payments |
| ☐ | Triannual | 28th March, June and September<br>3 payments |
| ☐ | Annually | 31st March 2026 |

***Direct Debits are only run on a Friday with the exception of Monthly, Quarterly and Annual payments***

**Acknowledgment**

I/we request and authorise *St Augustine's Primary School – Debit User ID Number 268704* to arrange for funds to be debited from my/our account, at the financial institution identified and as prescribed above.

This authority will remain in place until I/we no longer have enrolled students and my/our account balance is Nil, or unless otherwise advised in writing.

By signing this Direct Debit Authority I/we acknowledge having read and understood the terms and conditions governing the debit arrangements between me/us and St Augustine's Primary School as set out in this Authority and in your Direct Debit Service Agreement overleaf.

**Signature 1:** _____ **Date:** ____ / ____ / ____

**Signature 2:** _____ **Date:** ____ / ____ / ____
**(if applicable)**

**ST AUGUSTINE'S PRIMARY SCHOOL**
**DIRECT DEBIT SERVICE AGREEMENT**

The following is your Direct Debit Service Agreement with St Augustine's Primary School (ABN 34 865 040 990). The agreement is designed to explain what your obligations are when undertaking a Direct Debit arrangement with us. It also details what our obligations are to you as your Direct Debit Provider.

**Direct Debit arrangements**

Your signature on the Direct Debit Authority form allows us to debit your nominated account in the manner referred to. If a direct debit falls on a day, which is not a business day, the drawing will be made on the next business day.

We will keep your direct debit records and account details confidential, except where the disclosure of certain information to your financial institution is necessary to enable us to act in accordance with your drawing arrangements. We may disclose the information in the event of a claim or relating to an alleged incorrect or wrongful debit, or otherwise as required by law.

If you believe that there has been an error in debiting your account, you should notify the Finance staff as soon as possible and we will endeavor to respond to your dispute within 5 business days of receipt.

**Your rights**

You can cancel, alter or suspend your drawing arrangements at any time by notifying Finance staff, at least 5 business days before the cancellation, alteration or suspension is to take effect. You can also stop or defer an individual drawing by notifying us at least 5 business days before the date that the drawing is to be made. Any amendments should be made in writing to the Finance staff email (details below).

**Your responsibilities**

It is your responsibility to:

- Ensure you check and communicate any discrepancies to the Finance staff. Advice of payments will be via periodical Statements issued each term.
- Ensure that your designated account can accept direct debits. Direct debiting may not be available on all accounts, so please check with your financial institution.
- Check that you have filled in your correct account details on the Direct Debit Authority.
- Ensure that there are sufficient cleared funds in your nominated account by the due date to enable drawings to be made in accordance with your drawing arrangements. If there are insufficient clear funds in your account to meet a debit payment:
    - You may be charged a fee and/or interest by your financial institution;
    - You may also incur fees or charges imposed or incurred by us; and
    - Your direct debit will be tried again within 7 days of the failed attempt;
    - Or alternatively must arrange for the debit payment to be made by another method
- Notify us immediately if your nominated account is transferred, closed or any other account details change.
- Arrange a timely and suitable alternative payment method if your drawing arrangements are cancelled.

**Finance staff Contact Details**

Finance Officer - Mrs Lisa Nicholls – 02 6024 2711

Email: accounts@sawodonga.catholic.edu.au